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Presented by the
Royal College of Surgeons in London

CARMICHAEL PRIZE ESSAY,

1879.

THE MEDICAL PROFESSION IN THE
THREE KINGDOMS IN 1879.

THE ESSAY

TO WHICH WAS AWARDED

THE CARMICHAEL PRIZE OF £100

BY THE

Council of the Royal College of Surgeons, Ireland.

BY

THOMAS LAFFAN,

PHYSICIAN TO THE CASHEL UNION AND FEVER HOSPITALS.



Ἱητροὺς γὰρ ἀνὴρ πολλῶν ἀντάξιός ἐστων,
Ἴοὺς τ' ἐκτάμνειν, ἐπὶ τ' ἥπια φάρμακα πάσσειν.

HOMER—*Iliad*, l.

"A wise physician, skill'd our ills to heal,
Is more than armies to the public weal."

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PREFACE.

THE susceptibilities of some may be wounded by matter contained in the following pages. We are sorry that it should be so, but we could not help it. The requirements of Mr. Carmichael's testament rendered plain speaking imperative. We can only regret that abuses should exist which made exposure necessary.

Since the last day of March (the date on which the Essays were handed in) the "Medical situation" in Parliament has entirely changed. Government abandoned—though with much reluctance—the Medical Bill on which it had expended so much thought and labour, and referred the entire Medical question to a Select Committee of the House of Commons. Many witnesses have already been examined before that Committee, but, if we except the evidence given by some officials connected with the British Medical Association, the proceedings have, so far, been a mere metropolitan rehearsal. Let us hope that provincial members will be allowed an adequate voice before the Committee shall bring its labours to a close.

The proceedings of the General Medical Council during the summer have not been devoid of interest. Professor Haughton attempted to make lecture certificates represent something more than mere money payments, but an adverse majority gave an emphatic endorsement to the dishonest

practice which the learned Professor sought to put down, and dealt another blow at methodical teaching. The Council, further, rejected a proposal for the annual registration of students, which would have secured a *bonâ fide* four years' curriculum. It resolved, however, on demanding more strict adherence to its own previous recommendation in favour of passing the preliminary examination prior to the commencement of professional studies. This will do something, but very much less than the rejected resolution, towards securing the full period of study.

In Parliament the extension of the English Public Health Act to Scotland, the re-transfer of their sanitary powers to some Irish towns, the passing of Mr. Bruen's Dispensary Residence Bill and of a new Vaccination Bill, comprise all that has taken place which directly concerns us.

ESSAY.

PART I.

CHAPTER I.

Government of the Profession—Its History—The Act of 1858—Its Defects—
Aims of Reformers—History of Attempts at Reform.

WITH diffidence do we enter on the task of a description of the state of the Medical Profession in these kingdoms. The historian who would take for his theme the condition of a people would find it necessary to commence with some account of their government. Following such an example, it will be our duty to give a brief *résumé* of such government as we possess, together with a retrospect of the various circumstances which gave it birth, and of the many efforts now making, or of late years made, to still further modify it. When successive Governments chartered one Medical Licensing Body after another in former centuries, they, imbued with the principles of English liberty, held those bodies in no thrall to the State, but cut them adrift to maintain an independent existence for themselves. The nineteen Universities and Colleges who compose the diploma- and degree-giving bodies, thus set free, fell by a natural instinct into the usual groove of all corporations. They became in the lapse of time oligarchies in whose government the extruded masses had no share. There was no bond of a common sympathy or of a common interest between these rulers and ruled. The masses desired a higher educational training for their profession and less flooding of its ranks. Both these were distinctly opposed to the interests of the Licensing Bodies who, in many instances, had and have to live wholly on the proceeds of their diploma-giving powers. Hence arose a sharp antagonism which the general spread of liberty and of civic privileges in more recent times, together with the spread of wealth and increase of numbers, kindled

into active conflict. Years of agitation and effort culminated in the Act of 1858, which has served to supply us up to the present with a *quasi* government. That Act, though an imperfect measure, was a great advance from anarchy and disorganisation towards law, order, and rule. Prior to its passing there was no centre towards which public opinion could direct its gaze. Reformers had no single point against which they could expend their forces, which were broken by the number of enemies they had to contend with. The Council to which that Act gave birth, on the other hand, presented a single objective surface against which the entire force of professional opinion could be made to play.

The Act itself was the result of one of those compromises common to a political system always accustomed to deal tenderly with vested interests, even when most erring. A distinct promise was, at the time, made by the Government of the day, that the Profession would be empowered to send representatives of their own to the Council Board as soon as the Register would have been completed. Sinister influences subsequently prevailed, and that promise was not kept. Had it been so, we would to-day occupy a higher level than we do, while, we verily believe, medical opinion would be less favourable than it now is to those conjoint schemes which have taken such a hold on the Profession as the great "panacea" for all the evils, remediable and irremediable, under which we labour. The Licensing Bodies, between whose duty and interest there was a marked antagonism, should never have been intrusted with predominant power in the Council. The exclusion from all share in the representation of those who paid the entire taxes was a proceeding entirely opposed to every recognised principle of British liberty. The Act also erred in not giving the Council compulsory, instead of merely recommendatory, powers over the Educating and Examining Bodies. The penal clauses, too, were most lame, and there was an entire absence of any provision by which the Medical Council itself might be called to order for obvious neglect of duty. Such are the leading defects of the Medical Act. For its merits, in addition to supplying us

with a centre of unity, it gave us a Register, a national Pharmacopœia, a court for the expulsion of infamous members from our ranks, and a body which, more sensitive to the wave of external opinion than the units composing it, has, though many times in spite of itself, done much to advance the cause of general and professional training. The Council, however, which the Medical Act created never addressed itself, until last year, to the question of Medical Education, and its recommendations on that head still remain a dead letter. It exercised an undoubtedly healthy influence on examinations ; but, owing to the infrequency of its visitations and the suspicion attaching to visitors who were inspecting one another's institutions, the effect has been much less than was called for, and under another state of things would have been effected. The Council never showed any sympathy with the Profession in its efforts to put down irregular practice, and never could be induced to enforce the penal clauses, such as they are. It never reported, though in one instance it threatened to do so, a single corporation to the Privy Council. It fixed a four years' curriculum for professional study, and established a Register to evidence such four years' training, but it allowed certain Colleges to treat both with contempt. A certain University was detected letting in a student by a back door to the preliminary examination, who had again and again failed to get in by the recognised one, and yet it had not even a mild expression of regret to offer on the occasion.

Soon after the passing of the Act, and after it became evident that faith was to be broken with them, the leaders of the professional masses again began to raise their voices, and the agitation set on foot led to Lord Ripon's Bill of 1870. The Profession grasped the idea that conjoint boards would be an effective weapon with which to control the diploma-granting propensities of the Licensing Bodies. Some few individuals, perhaps, sincerely loved the one-portal system for its own sake. With such vigour was this idea laid hold of and pressed on that the Medical Council itself was coerced to give in its adhesion to it in 1869, and in 1870 it formed the leading feature of Lord Ripon's Bill. It is not within the limits that we

are obliged to keep to discuss that Bill here. Let it suffice that it was the first—and, until the Bill of 1878, the only Bill having the least chance of success—that was introduced to amend in this particular the Act of 1858. It was rejected through the agency of the British Medical Association because it refused direct representation to the Profession. Were we friends of conjoint examinations we would deem such rejection peculiarly unwise. For close on ten years no Government measure was again introduced. In the intervening time several Bills were introduced, notably one by *The Lancet* in 1871, and one by the British Medical Association in 1873, but as these, through lack of the slightest chance of success, left no impress whatever on the existing state of medical politics, they do not call for more than passing reference here. During those same years the Medical Council passed one half-hearted resolution after another in favour of voluntary conjoined boards. The English Bodies one by one got over their aversion to conjunction, partly from a belief that it was inevitable, and partly also from an idea that what was thought bad for Ireland and Scotland could not be also bad for them, and that if the former were to be losers they surely should be gainers. The Scotch Bodies always openly opposed the formation of conjoint boards, and never even affected to make a serious effort at conjunction. The Irish Bodies acted differently, and they, with the exception of the Queen's University, made some insincere, and, of course, abortive attempts to form a conjoint board in Ireland.

Now if all this time the Medical Council and the Medical Corporations—scarcely one of whom believed in the efficacy or the necessity of conjoint examinations—had only the courage of their convictions, and the wisdom to come forward with alternative proposals, which would give self-government to the mass of the Profession, and, perhaps, also take away from the Corporations even the temptation to do ill, we should not now, in this March of 1879, be almost landed into compulsory conjunction with its no distant prospect of annihilation of all the individual Bodies, and with its certain prospect of injury to the highest educational interests of the Profession. The Medical Council was too selfish, too narrow-

mind, too conservative of its own power to speak out, and so the conjoint ball kept rolling on, gathering fresh force as it went along, until it seems as if it were now impossible of arrest. The English Bodies, thus slowly and painfully converted, obtained Act after Act to remove restrictions in the way of individuals amongst them conjoining. At length, after years of diplomacy, the various negotiations had, at the commencement of 1878, so far progressed, that the conjoint scheme in England seemed on the point of completion when the women question unexpectedly raised fresh difficulties. The Authorities of the University of London, overbearing their medical graduates, resolved to admit women to their degrees. That University, being a party to the conjoint scheme, would, under the circumstances, oblige all its co-partners to admit the ladies to the conjoint examination, and, consequently, to their respective qualifications. There was too much feeling among those bodies to allow this, and so the scheme hung fire. There was also another reason, though it was not avowed, for hesitation at the last moment. This was to be found in the fears of the English Bodies, lest the scheme might have the effect of driving many of their students to Ireland and Scotland, where there were no conjoint schemes to offer them stumblingblocks. At this moment the British Medical Association was on the alert endeavouring to force on legislation, either in the shape of a Bill of its own or of a Royal Commission, on which Government itself might found a Bill. At this juncture it transpired that Government was about to introduce a Bill, and this it did on the 19th of March. The details of that Bill do not require full enumeration here. We will take up, however, those points which demand comment:—First. Conjunction of bodies for the purpose of examination was not made compulsory by it, and, so far, they were left where the Act of 1858 had placed them. Second. It gave the Privy Council power to reject or amend examination schemes submitted to it, and even supply others in their stead; it further gave the latter body power to override the Medical Council in the matter of the recognition of places and the regulation of the courses

of study. Third. It imposed on the Medical Council the duty of framing examination rules, subject to confirmation by the Privy Council, instead of leaving those to the examining boards. Fourth. It somewhat increased the stringency of the penal clause by a provision which aimed, or rather, we should say, seemed to aim—for the clause is not to our mind a clear one—at prohibiting persons calling themselves physicians or surgeons on the strength of unrecognised and unregistered degrees. Fifth. It placed the examination and registration of dentists under the control of the Council. Sixth. It proposed to do the same with regard to midwives. Seventh. It empowered the Council to register foreign and colonial qualifications.

Such is an outline of the vital points of the Duke of Richmond's Bill. It left the nineteen Licensing Bodies at full liberty to compete for the sale of diplomas without exacting from them either the fashionable guarantee of conjoint boards or any other guarantee whatever. It was wittily said of this clause that "it left people to shake hands who enjoyed the same liberty of doing so—without, however, having done it—for twenty years before." The penal clauses were most disappointing. It is doubtful if in their working they would accomplish more than those of the Act of 1858. The new and extensive powers given to the Privy Council would have placed the Profession at the feet of the Government. Under them the Medical Council itself would be the servant of that member of its own body who for the time being might have the good fortune to be the Medical Officer to the Privy Council. The clause giving the Medical Council power to initiate rules for examinations was indispensable to secure a uniform level.

With regard to Midwives and Dentists, we hold that both of these classes, being tails as it were of the Profession, should be subject to its governing body. We know, all the same, that the Act which has taken the place of these clauses imposes duties on a body that has, perhaps, enough to do already, and that it somewhat complicates the question of the constitution of the Council. Nevertheless, if these bodies are to continue in due dependence on the higher calling, there is no other course but to subject them to

the Medical Council. There was one clause which the Duke of Richmond's Bill did not contain, and that was the clause of clauses most dear to the mass of the Profession—namely, one dealing with the constitution of the Council. The Bill met with almost universal disapproval; the Scotch Bodies were almost the only exception. The all-but universal disapprobation which the permissary clause excited obliged Government to modify it. The next step taken by the Duke of Richmond was the introduction of an amendment compelling the Corporations to unite for examinational purposes, but leaving the Universities alone. This halting measure, proposed merely to please the Scotch, only increased the general indignation. Government at last had to bend to the current of opinion, and a further amendment was introduced to compel the establishment of a Conjoint Board in each division of the three kingdoms.

During all this time neither the Medical Council nor the British Medical Association was idle. The former met in April, and by a majority of fourteen to ten, composed, with the single exception of Dr. Hudson, of English representatives, expressed its approval of conjoint examinations. True to the odious indifference it ever displayed to the interests of those whose money it was pocketing, it said nothing as to the shortcomings of the penal clause. It was equally silent on the subject of the proposals to sacrifice the independence of the Profession to the State. The Council had, of course, no protest to offer against the perpetuation of its own abnormal constitution. A majority of the Council declared against the clause giving them the power to initiate examination rules. The question of dental and midwife examinations was considered by them, and the Council, very properly, did not decline, though not without opposition and misgivings, the responsibility which Government desired to impose on them with respect to both these *quasi* medical classes. Now as to the clause allowing of the registration, subject to suitable restrictions, of foreign and colonial degrees, many circumstances rendered a change of the law in this respect indispensable. A Bill was introduced in the French Chambers which proposed to prevent English doctors from practising in

France. This action of the French Government precipitated matters which the previous grumbings of colonial and of English holders of respectable foreign degrees had put in training. Nothing could be more just than the recognition of respectable foreign degrees, and the proposal to invest the Medical Council with the power of selection was the proper course to adopt. Nothing, however, could have been more unfortunate than the proposal to allow the Privy Council to override the Medical Council with reference to the recognition of these degrees whenever it thought proper. This last was part and parcel of what seemed to us a deliberate design to put the Profession in chains. Meantime the British Medical Association worked hard. It solicited the Profession, through circulars, to pronounce on the question of conjoint examinations and of reform in the constitution of the Council. An all but unanimous Yes was the response to both queries. A deputation from its Reform Committee waited on the Medical Council, but was by the latter received with scant courtesy. It sent another deputation to the Lord President in favour of representation of the Profession on the Council. This, though courteously received, effected no change in the proposals of Government. The Bill made progress through the House of Lords, and, during this, Lord Ripon ingrafted on it an amendment in the interest of the ladies which threw the Licensing Bodies into consternation. This was a clause making the certificate of the Conjoint Board, and not the diplomas of the individual Bodies, the registrable article. These Bodies could, however, under this clause oblige all such licentiates to affiliate themselves to some one or other of their number. This, however, did not satisfy them. The Council met in a great fright and denounced this amendment. It did, however, something more, and the Body, which a few weeks before was hardly civil to the Profession—speaking through a deputation from its great Association—now, unasked, passed a resolution in favour of its own reform. They pledged themselves to take up the question at their very next meeting, and directed their Executive Committee to prepare a report. About this time a Bill for the regulation of dentists, which had been brought in by Sir

John Lubbock, and which had been opposed by the Profession on account of its interference with their right to practise, and of its adding the title of surgeon to that of dentist, became law. This Bill in its progress was modified on the lines of the dentist proposals in the Government Bill, so that the carrying of it out thus became vested in the hands of the Medical Council. Government, always complaisant where the Medical Council was concerned, now proposed to meet its wishes in respect to the Ripon changes, and notices to that effect were given by Lord G. Hamilton in the House of Commons. The session was now far advanced, and the opposition excited by the British Medical Association was so great that Government had to withdraw its Bill. Another Bill, introduced at the instance of the Medical Alliance Association by Dr. Lush, of course shared the same fate. Time now sped, and the Council was again summoned to meet in October. The Executive Committee had, in the meantime, been taking a rather long vacation; an ugly rumour got abroad that it would have no report ready, and that the Council would find some pretext for giving the slip to its own resolution with respect to its internal reform. At this juncture Sir D. Corrigan, with a respect for the honour of a self-condemned Body and a regard for our interests which entitle him to our lasting gratitude, gave notice of his intention to move the question in the Council. He did so accordingly, and was not merely defeated, but another proposal, pledging the Council to meet in sufficient time in 1879 to submit proposals on the subject to the Government in time for legislation, was also rejected. The rejection of this latter proposal rendered it impossible there could be any mistake as to the object of the Council, and set the final seal to its bad faith.

We have felt called on to give this retrospect, because the various events detailed are so interwoven with the present situation, that the latter cannot be properly understood without some brief reference to the past. At the close of the session it was thought that no Government could ever again venture to introduce a Medical Bill which did not deal with the reform of the Council. The other question of conjoint examinations was felt to be equally near a final solution.

CHAPTER II.

The Government Bill—It may fail—An Alternative Settlement, should it fail.

THE expectations of those who believed that the Parliamentary proceedings, detailed in the concluding pages of the last chapter, would oblige Government to make further efforts to settle the medical question, were not doomed to disappointment. After a period of quiescence and expectation, broken only by a proposal of Sir Dominic Corrigan's, to which we shall refer later on, and by fitful outbursts of indignation at the bad faith of the Medical Council, the Duke of Richmond, on the 25th of February, introduced in the Lords the Government measure which is now before the country. The Profession at large cherished hopes that Government would be at length found to respect their declared wishes and include in any Bill a provision for their representation on the Council. In this they were doomed to disappointment; and proof was, for the third time, afforded of the scant respect in which their wishes are held by successive Governments. This Bill was drafted on the lines of that of last year, as the latter would have stood had Lord George Hamilton's amendments been afforded time to be ingrafted on it. All the objections, therefore, which we took in former pages to the Bill of 1878 apply equally to the present one. The present Bill was not so identical, however, with the former one but that a very serious change from the conjoint examination point of view appeared in it on its first introduction. This alteration was one which struck a deadly blow at the one portal system, and it consequently inspired not a little alarm and disappointment in many quarters. The 14th clause of last year's Bill contained a preamble which defined the expediency for giving the Medical Council powers, in order that qualifications should be given on like terms in all cases. No mention was made of this preamble in the

present Bill, and, therefore, all onus was taken off the shoulders of the Council to insist on that precise uniformity on which the Profession has set its heart. Under the Bill of 1878 the power of initiation of Examination Rules, &c., devolved on the Council itself; and under that arrangement the Council might fashion any number of examinations, as milliners do bonnets, on the one pattern; but this power the Council declined, and this devolved, under the present Bill as it first stood, on the local Bodies. Full swing seemed, therefore, to be afforded once more to the competing tendencies of such of those Bodies as might be commercially inclined. The Bill was, in fact, an elaborate scheme for the reduction of the number of competing bodies from nineteen to three. There is no use in blinking the fact that a Council made up of corporate representatives cannot, and ought not, be entrusted with the supervision and control of examinations. It will have the same interest and the same inclination it always had to shut its eyes to corporate shortcomings. On the other hand, the Corporations themselves will have just the same interest that they ever had to vend their wares; for it will make no difference that we can see to have them receive their dividends from the common chest of a Conjoint Board, instead of directly and separately from the hands of candidates. Every one will see at a glance, therefore, that they will have the same interest as ever in having the barriers as little fatiguing as possible, since such a course will best accord with their interests. Some of our Irish Licensing Bodies took prompt alarm, and deputations from the Colleges of Surgeons and Physicians waited on the Lord President to call attention to certain defects which they considered were to be found in the Bill. We shall for brevity group those together. They are as follow:— First. The Bill contains no provision for the reform of the General Medical Council. Second. The qualifying certificate of the proposed Conjoint Examining Board should not of itself entitle the holder to registration. If it did, the rights of the College and of the other Corporations would be imperilled. Third. Absolute uniformity in the curriculum of study, standard of examination, and fees payable

for the qualifying certificates, is not provided for in the Bill as it stands. Fourth. The General Medical Council should not possess a veto on the application of the surplus funds under the new system of examination. Fifth. Unregistered persons practising for gain should be liable to a penalty. Sixth. Registration of Midwives should not be dealt with in a Medical Bill. Seventh. The General Medical Council should not be empowered to delegate its functions of framing Examination Rules, erasing names from the Medical Register, &c. The foregoing will commend themselves to most sincere Medical Reformers, while even those who, like ourselves, are no friends of conjunction or uniformity, must still admit that the present Bill will be less mischievous with them than without them. Turning away for the moment from Lord Richmond's Bill, we come to two rival Bills, which were introduced into the other House at the earliest convenient moment of this session. The first of these is Mr. Mill's Bill, or that of the British Medical Association. This Bill provides for the election of six direct representatives to the Council. These are to be elected by voting papers, and in the proportion of four for England and one each for Scotland and Ireland.

This Bill in all other material respects is identical with that of the Government. The other rival Bill introduced is that of the Medical Alliance Association, and was brought in by Dr. Lush. It differs in three material points from the other two. First. It does not propose to repeal the protective clauses of the English Apothecaries' Act. That Act affords very valuable protection to the Profession against irregular practice, and we are surprised that the Medical Association Bill should propose to get rid of it. We know that it cuts somewhat both ways, and that so long as those penal provisions remain on the statute book, so long will Scotch and Irish practitioners resident in England be deprived of that full measure of reciprocity intended by the Act of 1858. The English Apothecaries' Company have, however, never, so far as we are aware, taken any proceedings against them, and the inconveniences they have otherwise suffered are so insignificant, that it were

better they continued to suffer them rather than deprive the whole Profession of the protection afforded by that Act. An attempt, however, might be made to obtain a partial repeal of the Act to such an extent as would exempt all registered practitioners from its operation in future. The second point of difference is that it more expressly deprives quacks of the shelter which the possession of non-registrable qualifications would afford them, hinders them from signing death certificates, and allows full freedom of prosecution. The third and most important peculiarity is that which refers to the Medical Council. He proposes that this body shall consist of—(1st) three persons nominated by the Crown, of whom one should be president; (2nd) four to be elected by the Profession at large; (3rd) twelve to be returned by the various Corporations. One of these he would have returned by the Universities of Cambridge, Oxford, and Durham collectively; the second of them he would have returned by Scotch Universities collectively; a third by the same bodies in Ireland; and a fourth by the College of Physicians of Dublin jointly. This proposal is one which cannot for a moment be tolerated. It would leave the Corporations still more than ever masters of the field by reducing, instead of increasing, the number of independent representatives on the Council. It proposes indeed to fling a sop to Cerberus by giving to the Profession the miserably inadequate number of four representatives, whom it proposes to take in point of fact from the most disinterested element on the Board. When this Bill came on for second reading the cause of the Profession was ably defended in the House of Commons, and Government felt itself obliged to promise not to proceed with its own Bill until the Select Committee of the House of Commons, to which it had at the onset undertaken to refer the composition of the Council, should have had time to give in their report. This promise was an immense gain, as it will save the party of reform from dealing with a Bill in the dark. The Medical Council met on March 18th. Nothing could have been tamer than the president's address. It practically gave the *go-by* to the burning question of direct repre-

sentation. Mr. Macnamara, not without difficulty, got the Council to review those points of the Bill on which the Irish Bodies are so much interested. The Council agreed to a motion in favour of equality of fees, and would have sanctioned another in favour of absolute uniformity of curriculum and of examinations, had not this been rendered unnecessary by Governmental promises previously given. A motion to modify the dangerous clause, giving power to the Medical Council to delegate its authority with respect to the framing of examination rules to other Bodies, and even persons, was rejected by a large majority. A good deal of time was lost over a proposal of Dr. Quain's, to empower, subject to the approval of the Medical Council, the Licensing Bodies to admit foreigners and colonials to registrable qualifications, where these might satisfy the Bodies that the training and examination they had undergone were equal to those which would be required from candidates at home. This proposal was opposed on the grounds that the provision made last year and embodied in the Bill of 1878 was quite sufficient, and that the Council ought not be changing its mind and going over the same ground again. The proposal which had for its chief aim to affiliate those classes to individual Corporations was first carried, and then, on the bringing up of the report of the Committee of the whole House, rejected. An application from the Foreign Graduates' Association to have certain foreign degrees, now held by certain English registered practitioners, entered on the Register as an act of grace, after the precedent of the Act of 1858, was likewise rejected.

Most of our readers will, we opine, agree with us in thinking that the Council was right on these two points, as the narrower these side-doors of entrance are made the better. It was also determined that qualifications, which might be entitled to the designation "higher qualifications," should not be entered in the minimum qualification column in those cases where they would form the sole qualification tendered for registration, but should, as in all other cases, be entered in the higher qualification columns. The justice of this arrangement will be seen at a glance. The

most knotty point which, perhaps, engaged the attention of the Council was an unavailing attempt to still further twist the clause providing for the registration of women, and the affiliation of persons desiring to be affiliated to the Corporations. This clause, which stands fifth on the list, will strike, according to a large consensus of opinion, a deadly blow at the existence of the Corporations whose diplomas will in future, as some of their representatives were forced to confess, become tickets of admission to mere clubs. This clause, which was shaped to meet the case of women who might not be admitted by the Corporations, constitutes the certificate of one of the conjoint boards, *per se* the registrable article for men as well as women who may be refused any one of these "club tickets" of the future. The Council wriggled and wriggled, but shrank from adopting the one simple course—namely, that of the compulsory admission of women to all the diplomas and degrees of the different Licensing Bodies, which would save all those Bodies from the mischievous effects which this clause is destined to work in the future. It will serve no useful purpose to fatigue our readers with verbal details of those various proposals, since the Council accepted none of them. We are satisfied that there is in store in the House of Commons a hard tussle for this same clause, but beyond the fact that the ladies will not be losers by the strife, it were vain to speculate as to the shape it will assume. The long-delayed report of the executive committee on the question of reform of the Council was laid on the table on the first day of its sitting. This report was as hostile to the unrepresented masses as ever was document that emanated from an irresponsible oligarchy. It opposes *in toto* the demand of the Profession to have at least some voice in its own government. It meets the taxation argument by the reply that the registration fee is not a tax, because it is paid in a lump sum. This is an argument which, if good for anything, would equally hold for all dues paid in lump, and would make the mode of payment rather than the fact of payment the ground on which to found the right of control over those to whom moneys are paid. Not one word is said to meet the argument of the right of

the governed to govern themselves. One would have thought that we were in the 18th, not in the 19th, century, and that none of those changes had occurred which have made it now an accepted principle of public polity in these countries, that all Corporations must be truly representative of those whose affairs they manage. The report advances other arguments, but they are utterly unworthy of serious attention, such as the expense of returning elected members, the great probability that persons not the best suited would be elected, &c. The report is opposed to any alteration in the number of the Council. The committee have, from their own point of view—viz., the close borough one—committed a fatal blunder by the way in which they meet the proposal to reform the Council by widening the constituencies of the respective Corporations. Here they are only able to say that there is no evidence that such a course would add to the efficiency of the Council. When a Body intent on preserving exclusive privileges is obliged to resort to an argument of this negative kind, it is equivalent to throwing up the sponge. Their only recommendation is, that if there must be additions to the Council—and they are utterly opposed to any—the best course would be for the Crown to make the additions by appointing four other Crown members to the Council. This report lost nearly all the weight which it might otherwise have had by reason of the known hostility of the Council to all internal reform, and also by reason of the fact that the question was now to be sifted by a Committee of the House of Commons. The report was further deprived of weight by its being the production of a majority only of the committee. The consideration of this subject by the Medical Council, and the further progress of the entire struggle, took place when this work was in the hands of the scrivener, and we must, therefore, refer our readers for further observations on the subject to the addenda at the end of this volume. An Appendix containing the opinions of the ex-members of the Council accompanied the Report. These opinions were nearly all hostile to the claims of the Profession.

We should only prolong this work to a useless and interminable

length were we to further discuss either the Report or Appendix. While the Council was sitting the Irish Corporations carried in the House of Lords amendments securing the third, fourth, and seventh points we enumerated in a former paragraph. A few words, and a few only, on the constitution of the Council. We do not think it ought to be made larger. On the other hand, it will have too much to do to enable the small number of nine, to which Sir D. Corrigan would reduce it, to discharge the business efficiently. Indirect representation would, in our opinion, be best for all interests. It is not just that a privileged caste of less than 1,000 members, most of them with qualifications of no higher value than those possessed by the unprivileged, should be able to rule the entire profession. Many of the fellowships are procured by mere money payments. Many of the University degrees represent no higher knowledge than that possessed by the licentiates and members of the Corporations. Many, too, of the fellowships that are given away by examination are obtained on very unequal terms, while they are at all times surrounded by regulations which practically impose the greatest obstacles on all outside the charmed school centres. It should also not be forgotten that honours in this free country are, with the single exception of the peerage, held, even when they are *bonâ fide*, to confer no right on their holders to legislate for their inferiors. At such a moment as this it may seem entirely out of place to say one word about any other settlement of the medical question than that which is now so likely to become law, or to discuss the virtues of conjoint examinations, or their efficacy as curbs for the weaknesses of some of the Licensing Bodies. We have, however, very strong doubts that the Government Bill will escape all the quicksands before it; and, even should it find its way to the statute book, we would rather place our protest on record against the mischievous policy of uniformity, to secure which that Bill will have been mainly passed into law. Moreover, if it become law, it will mark the commencement, not the end, of sweeping changes. A uniform examination must necessarily be a low one, for no barrier over which the entire Profession will have to climb can

omit to take into account the necessities of the larger number. The interests and the dignity of the cream of the medical classes will have to be sacrificed to meet the requirements of the mere herd. It is useless to say that such an examination can be levelled up to the height of the standard men. Such a levelling up would at once empty the medical ranks, and this no Government would allow. This uniformity has not even the argument of analogy in its favour; for when we appeal to nature, the higher we ascend in the scale the greater variety and diversity do we find. Experience is even still more emphatic in the lesson which she teaches. We need only point to the French system in proof of what a single examination system can effect. We do not pretend to shut our eyes to the fact that the roll of French surgery and medicine has contained and does now contain some of the greatest names that in any age or in any country ever belonged to the ranks of the healing art. We hold, however, that these men have been developed in spite of the system, and that we are bound to take the evidence of French authorities themselves as to the destructive consequences of one single uniform system. In that country there was until lately a solitary huge Conjoint Board for education and examination in everything, and pupils learned the same lesson at the same hour in each year in every part of the kingdom.

Le Siècle and the most devoted former admirers of the uniformity system are now, after fifty years' experience, forced to condemn it, and to call for that variety and independence which all our conjoint schemes are intended to destroy. Once let Conjoint Boards be established and the prestige of the present Bodies will be destroyed. These boards would be before the public as a perpetual reminder of the shortcomings of the older Bodies. They would hold to those Bodies, in a still greater degree, the same relation that the Dublin College of Surgeons now holds to the various Dublin schools—that is, they would be boards to whose examinations all would look with eyes so exclusive that lectures, methodical instruction, examination for degrees and diplomas, would play not merely a secondary part, but would be engulfed and lost sight of altogether in the vortex

of this great examen. Believing that such would be the result, and that in diversity and in independence, and not in subjection and uniformity, will be found the best provision for the higher education of a nation, we view with entire disfavour* conjoint examinations. It requires no gift of prophecy to foretell that these Conjoint Boards will prove but half-way houses—and these but very temporary ones—for the ultimate fusing of all the Licensing Bodies in the three kingdoms into a single one. Earnestly, indeed, would we raise our voice against such a design, had we the slightest hope that it would be heard amid the din of conflicting parties. We are, indeed, amazed that the University representatives in the Council, by their action in this matter, should have laid aside all University traditions in thus glorifying so unduly the mere examinational process. There is no doubt that there has been great wrongdoing on the part of Corporations, and, despite paper evidences to the contrary, there is much wrongdoing still. Corporations may be visited, reported, and lectured, but Corporations that have to live by their wares will go on living on them despite of all the paper barriers that may be raised against them.

The great defect of the present state of things is the admitted antagonism which exists between the duty and the interests of the Corporations. This is a fact which there is no gainsaying; and it is to deal with this fact, and for no other reason, that the whole Medical System is to be revolutionised. The question at once suggests itself—Could this object be attained by other, and less violent, remedies? Is there any arrangement which might be made that would secure to us the gains without the risk of revolutionary procedures? We believe that there is, and that the not impossible rejection of the Government Bill might yet afford time and inclination for its consideration and adoption.

Let us first glance at a remedy which has been tried by the Bodies themselves. We refer to the visitation of examinations. Such a practice would be very useful, though not entirely efficacious, if conducted by independent visitors. Visitations, however, conducted by nominees of the inculcated bodies can never be

satisfactory. If these bodies have an interest in doing wrong, and if some of them actually do wrong, it is utterly absurd to set them to correct one another. There may be a majority of well-intentioned representatives on the Council, but such a majority has never proved, and never will prove, equal to punishing an ill-disposed minority. Had the Medical Act of 1858 given power to the Privy Council, on the application of, say, two practitioners, to nominate visitors to any given College, and to act directly on their reports—then, indeed, would a more effective curb than exists as we write have been provided to punish the shortcomings of examining boards. Such a plan would, however, have required for the production of useful results much more of exactness than characterised the inquiries of the visitors of the Medical Council. The written answers of candidates would have to be preserved for the inspection of visitors, and official short-hand notes would have to be taken of the *viva voce* answers and preserved also for their perusal. Some persons might think that every *viva voce* examination should be visited under such or any similar scheme, but this would, in a great majority of cases, be impracticable, and occasional visitings, if unexpected, would meet the difficulty. Had some such plan as this been long since tried it is not at all improbable that the Licensing Bodies would be spared that prospect of decapitation which is now before them. It would, however, be entirely unfair to assert that the present system of visiting has been barren of all fruit; and, were it not for a suspicion that all is not as it is on paper, we might seem to have arrived at a reasonably fair standard of examinations.

The scheme which has commended itself to many reformers as that which would be most likely to deprive the Corporations of the interest to do ill, is the one of giving fixed endowments to them. This proposal has been started on the very sound grounds that if the bodies once ceased to be dependent on the number of candidates passed they would cease to pass candidates whose attainments would be below the proper mark. Dr. Ashe, we believe, was the first to start this, but the way in which he proposed to effect it does

not appear to our mind quite feasible. Under Dr. Ashe's arrangement all fees would be paid to the Medical Council, which would then distribute them to the different Licensing Bodies on a fixed and immutable scale calculated, we presume, on previous averages. The fixed scale would, we presume, be formed from the average of the fees received for a certain number of the preceding years. This fixedness of scale would, no doubt, take away from the Licensing Bodies all temptation to do ill, but under the above scheme such fixedness would not be, we think, attainable. It seems to us that the following method of carrying it out would be more practicable:—First. We would take the average amount received from candidates by each body for the five years preceding that on which the change would be introduced. Second. We would endow each of the bodies out of the Consolidated Fund to an amount equal to that of such average receipts. Third. We would oblige them to admit candidates to their various licences and degrees free of all charges whatsoever. Fourth. We would recoup Government to the full extent of its losses by stamps on the various diplomas and licences. By this arrangement no party would lose anything, whether Government, Student, or Corporation, and it would provide an easily worked method which would deprive the enemies of the Corporations of all pretext for compassing their destruction. Fifth. We next come to the Council:—After all we have said, when criticising the various proposals for its reform now under discussion, nothing is left us here to say but to submit our own to the criticism of the readers of this Essay. We would leave the number of members as they stand at present; we would continue to give to the Crown the right to appoint six nominees; we would take away from the two Apothecaries' Companies and from the University of Durham the right to send representatives to the Council; we would join the two former bodies, for the purposes of representation, to their respective Colleges of Physicians; and we would couple the University of Durham, for the same object, with that of London. We would then throw open the election of the different corporate delegates to

the Medical Council, to all medical graduates, and to those only, and to the licentiates of the respective Corporations. We have proposed to disfranchise three Corporations, because two of them must, after the passing of the Pharmacy Acts for England and Ireland, and the probable repeal of the 55th George III., c. 194, lose much of their importance, and because it would be most unfair that the bodies to whom we would give these seats should have only single representatives on the Council. Two of the seats we would give to the English College of Surgeons, and the third to its Irish brother. Under no electoral theory now in vogue would it be considered just to give the same representation to a constituency numbering a few thousand that would be given to one numbering a few dozen. We would send no direct representatives of the Profession to the Council ; and we would take care that no provision for personal attendance at these elections could possibly be introduced, in order to put the selection once more in the hands of a few metropolitan residents. Sixth. We would give the Council thus elected ample power over the Profession and the Corporations, but we would not give it the power to compel, nor would we, by Act of Parliament, compel the Corporations to form Conjoint Boards. We would, however, make additional provision against breach of trust by Council or Corporation. We have, in previous pages, protested against the monstrous proposal to subject our heretofore free and independent Profession to the State, through the medium of that antiquated body, the Privy Council. We are astonished that a proposal so foreign to the instincts of this free country, and so alien to all constitutional precedent, should ever have been even started, much less received, without disfavour by any section of our countrymen. We are the more surprised because constitutional precedent does really point to a way by which the object sought to be attained—namely, the conservation of public interests, could be fully provided for without sacrificing on the altar of despotism the independence of our noble Profession. We refer to that fundamental principle of law which places the guardianship of the high Courts of the realm over many existing

Corporations. Why not extend this guardianship over the Medical Council? Would it not be a thousand times more satisfactory than to place it under the dictatorship of some obscure official of the Privy Council? We would then, instead of giving the latter body the powers which the present Bill proposes to give to it, give the Attorney-General, or a given number of Practitioners, power to apply to the Queen's Bench for a commission of inquiry into the manner in which any Medical Corporation, and even the Medical Council, might acquit itself of its trust. Such is the settlement which we would prefer. From it we will pass to the next part of our theme.

CHAPTER III.

Quacks—Unqualified Assistants—Gratuitous Labour—Consultants—Fees—
Ethics—Specialism—The Admission of Women to the Profession, &c.

THE Quacks have had a fine time of it under existing legislation. No question will more imperatively demand the energies of a reformed Council and united Profession than this one. Recent decisions have shown that the fortieth section of the Act of 1858 is even more imperfect than it was thought to be, as under it the possessors of bogus diplomas can readily escape. This, of course, means that the only supposed gain derived from registration may be frittered away altogether. This section should, however, go much farther than proposing to enable the public to discriminate between qualified and unqualified Practitioners. The Bar is allowed to frame regulations excluding unqualified men from pleading. The attorney profession is invested with similar authority. No court would tolerate the appearance before it of any unqualified person. Yet such men, if allowed to exercise such a vocation, could not inflict a tithe of the mischiefs on their clients that are every day sustained at the hands of the medical quack. The first case which a legal quack might conduct would determine, once and for all, his fitness for playing the legal amateur; for the most ragged urchin among his auditory could judge whether he was doing his business properly or not. If he broke down or showed himself unequal to such duties, his first mischief would be his last. Like Othello's, his "occupation" would be gone. How widely different is this from Medicine? The medical quack is at full liberty to run amuck all the days of his life on the lives of the public. No one can stay his career. There is no judge to order him out of court. The public cannot, in his case, winnow the chaff from the wheat. He thrives and fattens, and, perhaps,

grows famous on what is at best robbery, and too often murder. The State takes care that the offender who scratches his neighbour's finger is seized and punished. It protects the least outrage on either person or character; but it looks indifferently on when life and property are assailed by a more circuitous but more potent enemy. We fail to see why Parliament should have discovered any obligation to pass any Act to enable the public to recognise the unqualified practitioner, if it felt itself under no obligation to put down such practice. The State would scarcely be discharging its duty towards its subjects by ticketing all peaceable men, and leaving the roguish and bloodthirsty to exercise their vocation at full pleasure. The public would very soon object to such an abdication of duty on the part of the State. They would protest against having the onus thrown on themselves of protecting their lives and property from these marauders. How much louder should be the protests against this more complete abdication of function on the part of Government! In the case we have supposed the public could discern the enemies of order; but here they cannot, and are consequently quite unable to defend themselves. There are two reasons, then, why future legislation should be extended so as to cover this ground. The first of these is that there is a distinct precedent in the case of other and less important professions. The second is that it is the obvious duty of Government to protect the lives of its subjects. Were regular medicine on its trial; were its fundamental principles still unestablished; were it, in a word, still doubtful which of the two classes of practitioners could make the larger claim on human confidence, then, indeed, no claim could be raised to put a period to the *experimentum in corpore vili*, and secure a monopoly for one class of practitioners rather than another. In these countries the State is not merely satisfied to look on, but it gives a helping hand to, and derives an enormous profit from, the organised plunder of quacks. We have recently seen a revenue return showing the amount of stamp duty realised by the Government from this one department of irregular practice. We allude to the enormous sums absorbed by the State for the

stamps on patent medicines for a single year. They realised over £100,000. It is not too much to say that this does not represent a fifth of the amount of mischief done by them to the persons and purses of the consumers. We do not pretend to say that, out of the enormous number of those medicines, there may not be a few which may be innocuous, and even some few useful. What is perfectly notorious is that 999 out of every 1,000 of such nostrums are in the highest degree injurious to the public. We admit that there is room for patenting inventions in our as in other callings. We hold it, however, utterly opposed to the spirit and aim of our Profession to put a lock on our inventions. If men who do not realise the ethics of their calling wish to monopolise the benefits of a discovery, we apprehend that no Government would be got to prevent them. We do demand, however, in the interests both of the public and the Profession, that such inventions should be real and *bona fide*, and that their value should be previously ascertained after a thorough investigation at the hands of a competent Government official. When such investigations should have been made, then, and then only, should these medicines be invested with all the tinsel of a Government stamp. Nay, more, Government should go a step further, and, as it interdicts the sale of deleterious food and drugs, so should it interdict the sale of such of these compounds as should be thus proved to be injurious. Few people comprehend or have the faintest idea of the injury inflicted on our Profession by irregular practice. There is not an individual member of our body, at least amongst those who practise in country parts, but who has sustained, and every day does sustain at its hands, an amount of injury, in character and pocket, only falling short of that suffered by the public themselves in their persons and purses.

It is now two years since a grievous case occurred to ourselves, from the effects of which we lost the practice of an entire district. An intemperate mechanic, 65 years of age, was admitted to our surgical wards with a femur fractured in the lowest third. The fracture was oblique, and, owing to the usual riding of the fragments

and the consequent difficulty of keeping them in apposition, this case demanded, and received at our hands, an exceptional amount of painstaking. The result exceeded our liveliest anticipations. We have not our notes by us, but we believe that there was not a difference of even a quarter of an inch between the two limbs. Well, it so happened that Christmas was at hand, and the man wished to spend it with his family. The limb was perfectly consolidated, and we allowed him to go about on crutches a few days previously. He was permitted to go home, with the strictest injunctions to take the greatest care of the limb for some weeks. He got drunk on his way home and re-broke it. In a very few days the usual muscular actions produced the usual displacement. The surgeon was now voted to be under suspicion, and all regular practitioners were deemed unfit to deal with such cases. A "wise man" was sent for. His condemnation of the regular son of *Æsculapius* was of the most sweeping description. The job was a bad one; but there was something more to be told. It was not merely that the fracture had been badly treated, but a dislocation of the same hip existed without ever having been discovered by the regular bungler. The unfortunate wight, after having first been stupefied with whisky, was put on the table, and a hip that, if it had been really dislocated, could not have been reduced by the united efforts of the whole faculty, was, after horrible mangling, put back into its place by this "wise man." The result may be guessed. The victim, in this instance, escaped indeed with his life, but he is reduced to the miserable condition of a cripple for life. We went to this man's house; we investigated the whole circumstances of the case in the presence of competent witnesses; we arranged to take legal proceedings, but the wise man was no mark for either damages or costs; and, on the principle that the first is the least loss, we were fain to pocket our grievous injury.

A State which would discharge its duty on its subjects would visit such conduct as a penal offence. It would provide a public prosecutor to inquire into its circumstances, and into those of every case of its kind. Liberty in the present acceptation of the word

evidently means a clear field for mischief. Another case, and we shall pass to another portion of our theme.

A. B., an unfortunate farmer, had his skull fractured in a row with some neighbours. The injury was a compound one, and the symptoms were of the worst kind. An operation was performed by a regular practitioner, and the symptoms so amended that recovery was predicated as certain. At this moment his enlightened friends interfered. A notorious bone-setter was sent for. The wound was re-opened, and some nostrums stuffed into it. An alarming change at once supervened, and the man died. His aggressor was prosecuted; it was pleaded in defence that it was the bone-setter who killed him. The case seemed so clear that not only did the jury acquit the prisoner, but the Attorney-General impounded the papers by order of the court with a view to a prosecution. It need hardly be said that Mr. Attorney found more congenial employment than that of prosecuting this culprit, and the man still roves at large—this time with a legal warranty to prey on all those (a numerous class) whose folly might place them within his reach. There is another class of quacks with whom existing legislation is seemingly competent to deal, if there were only some one to set it in action. We allude to those wretches who fill our papers with their nauseous advertisements, and who ruin more in person and morals than even the classes previously referred to. What between Lord Campbell's Act and those which inflict penalties for obtaining money under false pretences, sufficient powers exist for dealing with such offenders. It is impossible to estimate the amount of injury which they inflict upon the public; it is no easy matter either to calculate the pecuniary loss which the members of our calling sustain at their hands. The Profession itself is somewhat to blame for the great practice of the sexual quacks. There can be no doubt that sexual disorders arising from self-abuse were not, until lately, as carefully studied as their importance merited; there was a false delicacy evinced in even alluding to their existence, which was eminently calculated to encourage the charlatan to usurp their treatment. The public,

also, very soon learned that their treatment was neither attended to nor their gravity accurately estimated by their usual attendants. The results were disastrous to the patients and injurious to the Profession. We have changed much of this. We have now respectable writers who are not ashamed to treat of the subject. There is need, however, of closer attention to these special subjects if our body is to regain the field which it has lost.

There is yet another class which inflicts dire mischief on the medical ranks. It is one for whose existence we are indebted to the cupidity, and something worse, of medical men themselves. We refer of course to unqualified assistants. Astounding as it may appear, it would seem, from a recent return, that there are no less than three thousand unqualified assistants in these kingdoms. It is utterly absurd to speak of raising the qualifications of the regular practitioner to treat disease if an army of totally unqualified men are thus to be permitted to prey on the public.

There have been some cases published in the journals where coroners' juries have actually returned verdicts of manslaughter against such persons. For one such case that sees the light there are a thousand which do not. These unqualified assistants are placed in positions by virtue of their duties where life and limb are at their helpless mercy. They are a genus for whose existence medical men have to thank themselves. They cheapen medical labour, lower salaries, and do more than any other unqualified class to cut down fees and degrade the Profession. In Ireland this class is unknown. Apothecaries, indeed, have their assistants, but we are not now speaking of mere shop assistants. The regulations of the Irish Poor Law Service, to its credit be it told, preserve the lives of the poor from such unpractised hands. It is only in free England that the mere pauper is of no account, on whose vile carcase any prentice hand is good enough to try its art. It is impossible to ignore the fact that until this unqualified practice be punishable as an offence, we have no right to ask that any other species of irregular practitioners should be punished. It is equally impossible that any amelioration can be looked for in the pay and

status of large masses of the Profession until such practice be interdicted. We are quite aware that there must be people to keep books and compound drugs, but these duties are only a small portion of the duties discharged by the assistants. No one could object that such duties should be performed by unqualified assistants.

Nothing is more disgraceful in the history both of the Medical Council and the Corporations than the indifference which they have shown to protect the interests of the regular practitioner against all the incursions of unlicensed intruders.

A single society, the London Medical Defence Association, has done more to protect the Profession in this way than all the Licensing Bodies—the Apothecaries' Company excepted—put together. The want of clearness in the law with regard to the application of penalties has furnished a minor excuse. The inaction of the Licensing Bodies with regard to disreputable conduct of some of their own members has been still more reprehensible. In most of them distinct by-laws are in existence, framed for the purpose of dealing with such offenders. Adequate power is retained for dealing with them, but who has ever heard of one of those Bodies punishing an erring child? One case of a particularly flagrant description was recently reported, to our knowledge, to one of the Licensing Bodies with the result of the reporter getting laughed at for his pains by those who seemed more anxious to tout for the patronage of the culprit than to stand up for outraged professional honour.

There is another grievance which, perhaps more than any other, presses heavily on us, and that is, the enormous amount of labour, time, skill, money (and we might add, even life itself), which alone amongst Professions we are obliged to give gratuitously to the public. The lawyer never gives, nor is expected to give, his dearly-bought skill for nothing. No person of any other calling whatever is fool enough to do so. In the medical calling alone men are expected to bestow services, accept appointments, and do the heaviest work, and give the best years of their lives for nothing. No rank of the Profession is exempt from this brain-tax. One

would have thought that we were so overflowing with riches that it would be dangerous to add more to them. The parish doctor who accepts twenty-five pounds a year for medical services, for which twice the amount would not pay a day labourer for the mere attendant physical labour alone, is an instance of one class of victims. The (accomplished) young Dublin physician, who places a mine of information, thought, and time at the disposal of a thankless throng of out-patients, is an example of another group of our defrauded *confrères*. The hospital physician who, day after day, for it may be thirty years, bestows similar and more valuable services on the crowded occupants of his wards, represents another and a higher class of victims.

Then comes the consultant, with it may be an European reputation, with skill of priceless value. He, too, must needs give his concluding years, as he gave his prime, in the gratuitous service of an exacting public. The out-patient department of hospitals is a gulf which swallows more medical services than is represented by the united fees of half the Profession. It is simply monstrous that one million in rich London alone should receive gratuitous attendance in a single year. That town is, however, no exception. Hospitals are to be found everywhere, and wherever they are there also is the inseparable out-patient room. The supporters of these institutions are blessed in their generation, for they have discovered a charitable mine which costs them nothing to work. Formerly when a person desired to give to his neighbour, the donation had to come from his own pocket. Now, he gives liberally of the skill of the doctors. He draws cheques, not on his banker, but on the pocket of some medical victim. The independent artizan who can afford to pay such large sums on debasing drink, which in the aggregate have reared so many of our millionaires, thankfully pockets the gratuitous ticket as so much scrip that will save him an equivalent amount to spend on equivocal pleasures. All this is simply monstrous. It is no consolation that it is our own fault; the truth must be plainly told—all this wear and tear of hand and brain are not given from charitable motives alone. The bulk, no doubt,

is given on account of charity, but a large part also is given for advertising purposes. The lowest as well as the highest tenderer of gratuitous labour has in view not charity exclusively, but the advertising field which his labours create for him. This advertising field is the principal motive and aim of all this unthanked labour. It is impossible to estimate exactly the amount which our Profession is robbed of by this system of honorary appointments and services. The sums of money bestowed by us in this way would, if enjoyed by us, make the most wonderful difference in the pecuniary and social status of our Profession. Can nothing be done to alter so unjust, so cruel a system? We know that we shall be told that hospital men acquire, in lieu of money, experience and, occasionally, practice as the reward of their services. We reply, so do all labourers in the discharge of all kinds of work, yet how unreasonable it would be accounted were we to expect them on that account to work for nothing. How would they not laugh at the bare thought of being asked to accept such species of payment? The junior barrister, for instance, is acquiring experience by each good case he works; yet, how he would smile—yea, with what scorn he would look on the attorney who would invite his services on such terms! Is it possible to stop this? Is it possible, by any new order of things amongst ourselves, to prohibit gratuitous services altogether? We believe it to be quite possible, but to effect this we would require an entire reconstruction of our existing institutions, and radical changes in our methods of acquiring practice. The mere mention of this last suggests to our mind quite a flood of thought. How does it happen that merit and its reward are so much oftener disassociated in our than in any other calling? Speaking of Edinburgh, the celebrated Dr. Gregory said that men did not get bread there by their profession until they had not a tooth to masticate it. In Dublin the most skilled hospital physicians and surgeons have to wait almost for gray hairs for that business which many undeserving men obtain almost at a bound. The public at large have extraordinary ideas on the subject. They every day confound it with mere

years—indeed years are with them the synonym for experience. They quite forget that the mental crop, which is summed up in the word experience, like the mere material one which comes out of the ground, depends for its value on many factors. There is the original quality of the soil, the cultivation to which it has been subjected, the seed, &c., on all of which combined the outcome depends. Every day we see some young physician, whose training and abilities make his experience of a year more valuable than the thirty years' droning of some more matured rival, passed over because he lacks those gray hairs which the other has. We hope that we are not misunderstood. We do not claim for mere youth the fruits of age. What we do maintain is that time is but one out of many factors in the production of skill; that a fleet steed may cover in an hour more than his asinine rival may in five, and that when the public lose sight of this fact they do grievous injury both to themselves and to the best medical talent. There will, and there ought always to be, a *primâ facie* case in favour of age, but we hope to see the day when changes in our medical system will enable the public to see and readily to weigh other considerations also. The avenues to practice have need to be reformed. The race is anything but to the swift, and the battle is anything but to the strong. One physician with a very small quantity of brains, and with a good quantity of money, purchases an hospital, provides himself with many purchased friends, and in the course of a few years insinuates himself into a practice which men of more ability and no money ought to have. This system of show, of nepotism, and of mere brute wealth, is the greatest curse of our Profession. Every other day wealth, connexion, and that greatest of all shams, mere mannerism, run off with prizes which are the right of able men. Physicians do not now, as in Bob Sawyer's time, get themselves called out of church in order to get practice. We have grown more scientific. We have more carefully studied the differences between the puff oblique and the puff direct. We understand the "puff collusive" and the "puff collateral," and there is no trick or shift which is not honourable enough for

frequent use. Of all the cheats, however, we know of none which excites our wrath so much as that of the mannerism dodge. Let us not be misunderstood. We do not propose that the physician should have the manners of a rough; on the contrary, he ought to be quiet, sympathetic, and gentlemanly. We refer to that description of charlatanism where there is nothing but a smirking exterior, with emptiness within. It is the great misfortune of our Profession that all its operations are conducted in the dark, and that the lay public are ever at the mercy of mere results. A man of the most ordinary intelligence can discriminate between the good and the bad lawyer. A few minutes will almost suffice to determine the merits of a pleader. Every listener can form an estimate from a single case. Even where we might expect a lay auditor to misjudge, the lawyer is still safe, for he is not without a skilled jury in the persons of the attorneys to correct the possible errors in the lay verdict. All this is quite different with us. There is hardly a single difficult case where the merit we are entitled to for dealing with it could be accurately judged by the public. So many factors enter into the production of any given result that it is utterly impossible to apportion the proper meed of praise or blame to the medical attendant. Take two cases of typhoid fever. Let us suppose both of them to be of the severest form; that they are attended by two different physicians; that they present the same kind of complication, are treated in the same way, and that one dies and the other recovers. If such cases should occur in the same neighbourhood within comparing distance, it requires no prophecy to indicate what would be the effect on the fame of the respective physicians. We know that the bestowal of praise and blame would be equally undeserved; that the recovery of the one and the death of the other would be the results of unseen factors, whose very existence is as yet unrevealed to the eye of science. The more ignorant the critic is in such a case, the more ready is he to form opinions where the really skilled could form none. It is the old, old story of fools rushing in where angels fear to tread, yet every other day the medical man is judged by such

outcomes. Let his patient but succumb, and the death will be credited to him; let the reverse take place, and the tribute of praise will be immense.

Be it borne in mind that these verdicts are pronounced, not in simple cases, but in those difficult and abstruse ones where we ourselves could not venture on an opinion. Until medicine is raised to the dignity of an exact science, the fame of the medical man will largely depend on those chance verdicts. We may never see that day. Man is too mysterious in his composition to hope that the greatest advances in science will explain everything. We can only hope that we may make some steps nearer to the goal, but a point will assuredly be arrived at at which we shall be reminded that "So far shalt thou go and no farther." Meanwhile the practical bearing of this weak point of medicine is immense. Many an accomplished physician has been ruined by a single bad case. We know that a succession of chance ones, many a time, secures to the man of inferior abilities the position which extrinsic circumstances originally gained for him. Cases occur every day in practice where much grievous anxiety would be spared to the physician if his labour were only shared by another. The anxiety too of these cases is of a keenness that mere fees can but poorly recompense. The physician would gladly relieve himself of part of his grievous burthen, but his hand is stayed by the knowledge that his professional brother would be credited by lay ignorance with the cure. The last called in is, in the eyes of the laity, the party to whom the result is due. The effect of this is very grievous to both the Profession and the public. An ignorant country practitioner, for instance, of the good old school, whose alpha and omega of treatment consist in free doses of Grey and Dover's powders for every ailment, will not allow an accomplished neighbour to be brought in to a case; for, if the patient recover, the credit will be given to the neighbour, and a permanent lodgment secured for him, in consequence, in the district. He prefers the anxiety of having the patient to himself, to the loss and mortification of seeing his recovery attributed to his rival. The patient

dies. Then the verdict is usually arrived at upon issues which have no reference whatever to the case. Other cases do turn up where something more than the advantage of divided anxiety would call for a second opinion. Here, too, considerations of self interpose but too frequently, and the interest of the patient is deliberately sacrificed to the interest of the doctor. These feelings and principles are more prevalent in rural districts than in large centres of population. In large towns the laity are somewhat less incompetent to estimate the relative merits of practitioners; they are slower in forming judgments in matters beyond their ken than their ignorant *confrères* in the country. The educated man is ever modest; the ignorant one ever presuming. There is also something of a skilled jury at hand in large towns to help the public in appraising the relative merits of medical men. This jury is composed of the crowd of students, and, to a minor extent, of disinterested professional brothers who, scattered through the various haunts of life, afford the public material aid in forming proper judgments. Medical men, too, in such places are larger-minded. They feel the sting of jealousy less; their minds and feelings are more exercised, and they lack the rust that slow motion produces in small towns. They are, consequently, less opposed to seek aid in those places than in country districts. In London, Dublin, and other such places, consultations are consequently more frequent. The physician first in attendance does not, like his country brother, think it a slur on his skill to ask for a second opinion. The public also view the thing in the light of a matter of course, and as they would view a consultation among lawyers. They think it very natural that the determination of so vital a matter as the treatment to be adopted in a dangerous case should be the joint work of two brains rather than of one. There is here no imputation on the cleverness of either doctor, and such intelligent laymen will bestow no unjust and partial praise at the close.

The columns of our medical journals are every other day filled with the recriminations of our medical brethren on this and on the allied subject of change of doctors.

We are said, and correctly I believe, to be the most jealous of professions. It is no wonder that we should, when we consider the scant means which the public have for forming correct judgments of our relative merits, and the consequent effectiveness with which dishonourable individuals amongst us can bias that judgment. A shake of the head, one of those wise looks which vacuity can put on, a single word, an announcement, and "If I had been called in sooner," or a simple change of prescription, will be sufficient to blast the reputation of a brother-practitioner. The ethical part of professional training is sadly neglected. The wonder is that there should be so much of honour amongst us. Dr. Stokes, in his lecture at the Meath Hospital in 1869, has some admirable remarks on this subject. He says:—"The question of medical ethics has not received the attention it deserves. We are compelled to devote ourselves to a host of subjects, among which the crowning one is but a unit. But who amongst us has been asked to think on those principles which make our profession a calling for the gentleman and the Christian?" After quoting a variety of authors on the subject the venerable lecturer proceeded to say:—"Surely there should be in each school, if not a chair of ethics, at least the means for moral culture." We hope to see this realised. Some advances have been made in the increased culture of the last few years; more, very much more, remains yet to be effected. We hope to point out how this may be accomplished when we come to discuss other topics.

It has been said that consultants have a threefold duty to perform—one to their own characters, another to their patients, and a third to their brother-practitioners. Too often only one of those debts is recognised. As long as human nature is what it is, as long as the nature of medical duty is what it is, neither lectures upon ethics nor culture of any description will entirely root out injustice. Any expectation that the right man will be always able to shove himself into the right place is perfectly Utopian. An evil which cannot be got rid of may at least be mitigated. With increased enlightenment on the part of the public an immensity could

be effected—to strip sham merit of its false glitter and place real worth in its true light. A freer interchange of views between the medical and non-medical minds would help to set the latter oftener than at present on the right track. The introductory lectures—which are at present for the most part but mere repetitions of the one old saw about industry and so forth—might be utilised to speak to the public on subjects which would help them to form more correct conclusions on medical matters than at present. Another device for elbowing one's way into practice is the specialism one. A person of poor wits but of very thick skin, correctly estimating his poor chances of acquiring practice, forthwith betakes himself to a special department. He rushes into print to inform the public, if not in so many words at least in effect, that his brethren of the general hospitals are not capable of taking charge of the department he proposes to take up. They have not the time, the room, the appliances, and, he more than insinuates, the ability to do so. He addresses himself to his rustic brethren, as if these latter were mere hewers of wood and drawers of water—quite a different species altogether; and to them he tenders, in language of gracious condescension, the aid of his invaluable skill. This is another of the ways to get on. It ought to be publicly denounced, yet we have never seen this done.

The subject of *fees* is one which must occupy an important place in any notice of the present state of the profession. The present etiquette with regard to fees in Ireland is a mistake. It is calculated to inflict a double injury, first on the public, and next on the profession. In Ireland the guinea fee is more or less general. True, there are still many with open shops, and some of them having more than an apothecary's diploma, who accept smaller fees. This holds particularly true of Dublin. In that city an astonishing proportion of the local practice is done by those shopmen. A person with a slight ailment, which he thinks is not severe enough to require the exercise of great skill and the expenditure of a guinea fee, drops into one of those, gets prescribed for, and in a few days is well. The cure is oftentimes on the *post hoc* principle—

set down, not to the routine, but to the skill of the shopman. The next step which the shopman makes into the graces of his patient is to be called into the house for some similarly trifling affection in some member of the family. A perfect cure here, too, is the result, but whether the result of nature or of art we will not tarry to inquire. Our general practitioner is equal to the occasion; and an ingenious hint that he did not wish to alarm the patient's friends by telling them beforehand how alarmingly ill the sufferer was completes his triumph and his lease of the family at the same time. After this the maternal gratitude never permits its owner to lose an opportunity of spreading the praises of Dr. —. His skill, his cleverness, his prophetic powers, his sweetness of manner, and his extraordinary attention furnish themes for endless discourses. Lucky Dr. —, his fortune is now made. It does not avail either that his school career was more remarkable for its blanks than its prizes—his fortune is now none the less secured. He has only to be mild and sympathetic, grave and friendly. He must not, however, omit to become a member of some convivial society, and to exhibit a tendency of a pietist kind. Just see what a small fee has done! Half-a-dozen young hospital physicians and surgeons live within a stone's throw of our lay friend whom we have just quoted—the least able amongst whom is the incomparable superior of the lucky drug-seller; yet all are shut out by the inconceivable folly of their charges. They go on day by day giving the benefit of their superior skill to the *habitués* of their hospital rooms and dispensaries, but they put a barrier between that self-same skill and the superiors of those *habitués* in the great world outside. Then look at the disadvantages of the system to the same higher classes. They are obliged to entrust their health and lives to the very lowest class of skill which is procurable, when under another order of things the highest could as easily be at their disposal. Nor is this all. On many and many an occasion diseases are allowed to gain a foothold which could be effectually assailed at the start were not the patient prohibited by an excessive tariff from calling in assistance for what seemed to him too trifling an ailment.

If there be one truth more than another established, it is the necessity and the advantage of the *obsta principis*. Under present arrangements we do our best to deprive the public of an advantage which an early attack on the enemy would give us. In large towns the only gain to the lawmakers (for hospital and college authorities are the lawmakers) is to divert the stream of practice into the rear ranks. In country parts this latter loss is not inflicted on the public, as all lie in the front rank. Indeed all are so clever that it is not possible to pick out him that is most so. Like our American cousins, everyone is not merely as good, but is better than his neighbour. Seriously, however, the country doctor loses more than he gains by insisting on an initial fee of £1. We say an initial fee, because, allowing for horse hire and multiple visits, the country fees in Ireland are really nearer to 5s. than to £1. The loss is incurred by the deterrent effect which the £1 fee exercises on the patient suffering from trifling ailments. This effect is more marked in rural than in urban districts; and the number affected by it is proportionately greater. In England such an etiquette does not extend to all classes of physicians and surgeons as with us. The pure physician and the pure surgeon in England charge from one to two guineas for their advice, according as the visit is a consulting one or not. This fee in England is very reasonable, when we consider the ample provision which exists for cheaper advice, and, we may add, the pretty extensive field for the exercise of the consultant's skill. The fees, however, of the English general practitioner are for the most part entirely too low. It is impossible that any man could give that amount of time and attention necessary for the examination of cases for the nominal fees which English practitioners charge. This holds more especially for many of those so-called Provident Dispensaries, and other ventures of a similar class, which from time to time rush into the full noontide of notoriety through an action at law, or the columns of the public press. Few of our readers can have forgotten the well-known action against the editor of *The Dublin Medical Press* by the proprietor of a fourpenny dispensary in London. The jury in that

case found a verdict for the plaintiff, because it seemed proved to their satisfaction that the chief allegation—that drugs could not be supplied for such a sum to large groups of patients—was incorrect. Officials connected with the drug departments of extensive charities sustained the plaintiff. The main objection to such a line of practice was untouched by that verdict—namely, the impossibility of the proprietor of such a dispensary being able to do anything like justice to individual cases. Half a dozen cases might be picked out of the crowds attending such practitioners, the nature of whose ailments would make greater demands on the attendance, time, and services than are at present placed at the disposal of the entire number. We suspect that there is an immense number of the more cultivated class of practitioners in England, as with us, whose time and energies are a little more unemployed than is exactly good either for themselves or the public. We have said that the time of the same class amongst ourselves is more unemployed, because the field is more limited and the jealousy of consultations more keen. Even in England, however, the question of the fees of all classes of practitioners needs reconsideration. It would be much better for large groups of practitioners in England to have half their present practice, with double fees, than to be run to earth, as they now are, with overpowering physical labour. This proposal may, in appearance, seem inconsistent with our previous views. It, however, in reality, is not so. We have only suggested 5s. fees. We have not proposed their reduction to the English level.

Turning now to the fees demanded by the heads of the Profession, their fees are discredibly low. Fancy a metropolitan surgeon in the very front rank performing a critical operation on a wealthy patient for £10. Why, a Q.C. of the same standing would receive 100 guineas from the very same patient for a law case of even moderate magnitude. The fees for consultations charged by the same class of men are simply indecent. Such charges produce the very same effect that is produced by the fourpenny charges of the other professional extreme. They simply bring about an influx of patients, to whom such prac-

tioners cannot do justice, and keep them away from younger men who could and would attend to them. Great wrong is inflicted on provincial surgeons by the facilities afforded for getting into metropolitan hospitals. A country farmer or a country trader who ambitions cheap advice, or who has heard of the fame of Mr. So-and-so, and who is as well able to pay for his advice as any patient the latter ever had, finds no difficulty whatever in slipping into a Dublin or London hospital. There are always forthcoming members of that benevolent class who are charitable at other people's expense. These are quite ready, if necessary, with showers of letters of recommendation. It is the kind thing to do; and, besides, the doctors are fair quarry. Now, let us ask how does it happen that metropolitan surgeons and physicians cannot be got to see their own interests, and to take measures to defend them? Two parties are plundered—I beg pardon, three are plundered—by this system of obtaining advice under false pretences. There is first the poor man, for whom hospitals are supposed to be built. It is a matter of notoriety that, colossal as are many of them, the poor claimants on their accommodation are of still more colossal numbers. Every rich person that slips in through the agency of some charitable friend succeeds in defrauding some poor man of what was intended for his especial use. The next party injured is the country surgeon or physician, who is defrauded of a patient. No doubt, if it be a surgical case, the patient may not be able in every locality to obtain competent surgical assistance. Country air has a wonderfully relaxing effect on the *mens surgica*. We know ever so many students who were the *crème de la crème* of their classes during their student days, who, the moment they sniffed the country air, sank or seemed to sink into the ruck of the Profession. We, at least, never more heard of them; and certainly their names are not as yet, at all events, writ in the roll of fame. The fact is that when a competent man settles down in a little town or rural district he soon finds that the road to a competence and the road to science do not even pursue a parallel course—nay, that the one runs at right angles to the other, and that if he must need get on ho

must cultivate another field besides that of science. He very quickly learns also that his patrons base their judgments on very different premises from what he has been accustomed to consider the correct ones. This applies to the man who brings out to the field of practice a love for the advancement of the art of which he is an humble practitioner. Some of our country doctors never having been preys to such a weakness, no alteration of affection is therefore necessary for them. They at once take to rustic tastes with the readiness and avidity with which a fish does to water. It is not, therefore, surprising that the cunning of hand and the skill of craft equal to the treatment of a critical surgical case should not be forthcoming in every rustic locality. It is only reasonable that a wealthy patient needing such should wend his way to one of our metropolitan or other towns. It is, however, not only unreasonable but unjust that such persons should be able to make their way into public institutions, there to receive gratuitous advice never intended for persons like them. Lastly, the metropolitan practitioner is a sufferer. As things are, he gives his skill, his time, and sometimes even his life (the late Dr. Maurice Collis, to wit) to the service of the poor. As a rule he is not overburthened for many a weary and painful year with the care of wealthy patients. It is a gross fraud to ask him to bestow his services, not merely on the poor, but also on the wealthy. Were proper precautions taken many of those operations which he now performs for nothing, would fall to his share outside the hospital altogether, and would yield him becoming fees. There is another point in connexion with this which remains to be discussed—namely, the remedy. This is not so easy, as there are a great many parties to the fraud. It is not merely the man himself and his charitable abettors who are in league against the surgeon. Some benevolent country doctor, anxious to deprive a surgical rival of a probable chance of increasing his reputation, is usually at the bottom of the plan. Sometimes, also, it happens that the move is made by the same practitioner through an anxiety to hide some gross error, or it may be to prevent a local consultant having the

poor consolation of being in at the death. Under such circumstances all suspicion is removed from the minds of the hospital authorities by the strongly-worded letter from his previous attendant—quite a *testimonium* of poverty in itself—which accompanies the patient! We would suggest, as a remedy, that no case whatever should be taken into a metropolitan hospital until due inquiry should be made into his circumstances, not from one, but from at least two adjacent practitioners—including, if from the country, all the hospital surgeons and physicians of the place. We need scarcely add that pay wards in general hospitals would only intensify these abuses; and the utmost concession which the Profession should make would be the patronage of what is called the Home Hospital System—viz., Medical Boarding Houses, where each patient should be attended by his own doctor and for the usual charges.

Since the date of the last Carmichael Prize the admission of women into the Profession has been accomplished. It cannot be said that the attitude of the Medical Council in the matter was a very manly one. It expressed a strong opinion adverse to the fitness of women for the Profession, but shrank from opposing their admission. We neither admire nor understand such an attitude. The Chief Council of the Profession should not lack the courage of its convictions. It should have opposed what it believed to be improper. It is not the first time that women have been admitted to the medical ranks. The famous school of Salerno admitted women to its degrees as early as the ninth century. It turned out at least one remarkable doctress of medicine, the celebrated Trotula. Modern Europe has had her women doctors, and some of the best obstetric works extant have been written by women. The celebrated Madame Boivin is an instance of remarkable medical ability in a woman. The admission of women to the Profession was long and hotly contested in this country. We cannot consider the way in which the gates have been thrown open to them at all a satisfactory one. The great objection to their admission has been the fear of possible ill effects to the female mind from the study and

practice of a Profession which contains much that is calculated to shock female modesty. Now, experience alone could determine the value of this objection. There certainly was an absence of any evidence that their admission in other countries had produced any of these unsexing effects. Most people would be inclined to regard this as conclusive. We think that it is, to say the least of it, a very strong fact in favour of the ladies. It is a fact, however, which, from its nature, does not admit of exact demonstration. We would have been better pleased had the precedent set by the Ballot Act been followed in this case. Everyone recollects that when that Act was being passed it was denounced as being un-English, and sure to work badly. Well, we are sorry that the admission of women was not made by an open and manly Bill instead of what we must persist in calling a side-wind, and that such Bill did not contain a clause of expiration, say at the end of ten years, from the date of its passing. It might then be renewed if it worked well. Should, however, an unmistakably unfavourable result have been arrived at, the Act could then be allowed to expire. This course would be much more satisfactory as well as sounder in principle than the present arrangement. It is not easy to persuade a Legislature like ours to upset a principle it has once sanctioned. It would be much easier to persuade it to allow an Act to expire than to repeal an existing one. Other objections there were to their admission, such as mental and physical inferiority, the unadvisability of still more overcrowding the Profession, &c. These, in our opinion, were poor arguments, but whether poor or not, it is not now necessary to discuss them as the admission of women is now *un fait accompli*. The Duke of Richmond's Bill would merely give the ladies greater liberty of corporation choice. Mr. Russell Gurney's Act practically secured their admission. There is one department for which women are specially suited. We shall have occasion to refer to it more largely in a future chapter. Women doctors will never constitute a numerous class, so that there need not be much fear of their ever doing much material mischief to their male rivals. The cost of their education will always be

sufficiently high to make it more profitable to invest in matrimony. Those who, from lack of means, cannot provide themselves with partners will be equally unable to pay the cost of entrance into the Profession. On the other hand, wealthy women who can provide themselves with partners will, save in a few exceptional cases, prefer to do so rather than to embark in a doubtful speculation. We hope the day is far distant when any hospital or school will be guilty of the impropriety of allowing mixed classes within its walls. One remark we have to make and it is this, that the Profession cannot too jealously watch the provision made for the education and examination of such women as choose to enter our ranks. There should be no royal road, no inferiority of tests. We need scarcely say, therefore, that the action of the Dublin College of Physicians, in accepting a doubtful University degree in lieu of a material portion of their examination, does not commend itself to those who would insist on equal tests for female aspirants.

The excessive number of practitioners presents one of the greatest obstacles to the amelioration of the Profession. If we take up any directory and examine its local list, nothing strikes us so painfully as the preposterous numbers found in even the smallest centres of population. True the population of each town does not represent all that require to be attended. There is the surrounding population also; but then this bears a definite relation to those of the little towns. If the latter be small, so also will the population of the former be thin and scattered. It is no uncommon thing to read of half a dozen practitioners for a population of 4,000 souls. Dr. Farre, the eminent statistician, has been recently illustrating the fallacies into which statistics may lead even the most sensible men. He presented the Medical Council with some returns which show a slight decennial decrease in the numbers of medical men to each 10,000 of the population. He then instituted a comparison between the number of men under the charge of each army surgeon and the proportion of the civil population to each doctor, and he attempted to found an argument in favour of the general public being undoctored, on the absurd grounds that there was a greater proportion of doctors

in the public service. Dr. Farre left two very important points out of sight altogether in these statistics. First, that the army standard is intended, not for the present order of things, but for the totally different one created by war. Next, he seems to be entirely ignorant of the fact that, so far at least as the time consumed in the actual treatment of the sick is concerned, the hands of the army surgeon are anything but full. It is notorious to everybody who knows anything about military life that a very much larger amount of duty could be discharged by each military surgeon without any very marked diminution of his present unlimited time for amusements. Then, again, most of us know from painful experience how small a fraction of our time is actually employed, and how much more we could do if thinner ranks left it to us to do. There are parish, club, and general practitioners in England, and dispensary doctors in Ireland, whose hands are too full, but, for all that, there are immense numbers of us who have only too much time on our hands, and who, under a different order of things, would not merely be able to relieve some of the classes we have mentioned of their excess of patients, but leave an unemployed margin of time besides, sufficient for the wants of half as many more.

Again, Dr. Farre goes on to state that large numbers are now left without any medical advice, and that there is the danger that under a stringent educational system it might become quite inaccessible to vast numbers of the population. The first part of the statement alone demands notice. The explanation is very simple. The numbers who at present die without medical advice have to thank for that fact their own gross ignorance. They place much more faith in the irregular practitioner, or their ignorance takes the form of placing no faith in anybody, regular or irregular. In the presence of sixpenny dispensaries, of parochial poor law relief, it is impossible to understand how anybody, unless through his own fault, can, in wealthy England, want for medical assistance. In this case the experience of practitioners is worth all the figures in the world; and, as we have before said, all who know anything about medical work know but too well how much it is under the

capabilities of the existing numbers of medical men. Were, however, things as Dr. Farre would have them, they would furnish no argument against having the members of the profession properly educated. They would rather point to the necessity for improving their pecuniary status by some more liberal system of State endowment for the attendance on the masses. At the present moment, and as far back as we can read of, the chief obstacles to all reform and improvement have been caused by our surplus numbers. It is not easy to understand the purely nominal amount of the decrease in our numbers of late years. The condition of all classes has been so much improved in England by the every-day increasing prosperity of the nation that it is simply amazing that a profession so much underpaid as ours, and attended with so many risks and grievous responsibilities of all kinds, should have continued to attract so many persons to its ranks. In Ireland the peculiar circumstances of the country, and the idiosyncrasies of the national character, have combined to invest the members of the profession of all ranks and classes with exceptional status and consideration. The Irish parish doctor is at least moderately well paid, and is the connecting link between the aristocratic and trading portions of the population. Unless he settles too near home, or there be something in his personal manners to deprive him of the vantage ground given him by his calling, he has the *entrée* into all households; he is the friend and confidant of all classes, and is not unseldom entrusted with the dearest worldly interests of his clients; he is the one person who, after the clergyman, appears in the guise of the common relative of all; he shares with the squire, and the priest or the parson the love and the regard of his entire neighbourhood. Not unfrequently is he honoured with the most prominent place in the public bodies of his district. Under such circumstances it is not surprising that those who desire social advancement should see in such a profession attractions to compensate for defective pecuniary recompense.

This is an age when each class presses more closely than ever on the kibe of its neighbour, and when each individual feels the

ambition to make a step in advance in the social scale. The local practitioner, too, not unfrequently makes up for the pecuniary shortcomings of medicine by an advantageous alliance or by engaging in some subsidiary pursuit. All this has tended to materially overstock our ranks in Ireland. They have not, however, always been recruited by individuals legitimately entitled to make this step in advance. Several cases have come under our notice where clerks on small salaries, who would have done much better by "sticking to their own last," have been enabled to enter the profession through lax Corporation arrangements. Instances, too, are not unknown to every school authority where half-educated youths, whose previous training and education have been anything but calculated to make them, socially and otherwise, ornaments to our calling, present themselves at the preliminary examinations. All this has contributed to overstock us to an inconvenient—nay, disastrous extent.

In England the country practitioner has to make his own position—in plain words, his profession confers no social status on him. He occupies a very inferior relative status compared with that of his Irish brother. There is not in England that silly pride which looks down on trade that there is with us. People, consequently, are not in a hurry to send their sons to a profession when they do well in trade, nor is there, in consequence, that greater respect for the professional man which with us is also given on the score of longer family standing. In Ireland the trader whose social position is put in contrast with that of the doctor is usually a person of but a single generation's standing. In England, on the other hand, the analogous trader may be the twentieth of his family who has occupied the same position. The greater number of opens, too, which exist in England, and which afford exercise and employment for mind and culture, necessarily produce a thinning effect. Still it is very remarkable the numbers which are attracted to medicine even in rich England. It is, of course, a high and noble calling. It affords innumerable occasions for the exercise of the best qualities of our nature. It is also a

calling which has attractions of a very powerful kind for the lover of science. On the other hand it has special troubles and grievous responsibilities. Balancing all the advantages and disadvantages it would seem to have, despite of its pecuniary and other drawbacks, a powerful charm for the young English as well as the young Irish heart and ambition. How much soever we may regret that it attracts too many to its fold we cannot, in this age of free trade and open callings, expect to be able to convert it into a close profession. It is the tendency of all callings to attempt this. We must confess no lack of wish at bottom to do the same. It is, however, entirely beyond our reach, and we cannot even indulge in dreams on the subject.

Our attitude towards some social questions has of late years undergone an advantageous change. It is not too much to say that we are responsible for some portion of the terrible flood of drink which has wrought such woful consequences on large numbers in this country. We are not teetotallers ourselves, and we are not going to make this Essay a vehicle for a total abstinence sermon. We are, however, profoundly impressed with the countless ills that excessive indulgence in alcoholic drinks has inflicted on the nation. We repeat, our Profession is responsible for some of these. When the blood-letting and starving theories of therapeutics were over, when the practice of Todd was substituted for that of Broussais and Cullen, the whole Profession, if it did not go mad about alcohol, at all events rushed headlong into its arms. In and out of season alcohol was the one panacea. Wherever there was a therapeutic doubt the pushing of alcohol seemed to supply an all-sufficient remedy.

Debility was the great enemy to be routed, and alcohol was the agent by which he was to be vanquished. Weakly women in high station when convalescing from grave disease were ordered to drink illimitable quantities of this agent. The result has been that in many instances they were converted into confirmed drunkards. It is not necessary that we should fall into Dr. Richardson's views on alcohol in order to condemn the reckless disregard for after-conse-

quences to the unfortunate patients in so many instances evinced by its medical administrators. We have ourselves known some harrowing cases where the most temperate mothers and husbands were converted by this kind of prescribing into incorrigible drunkards. The ruin which followed in the wake of such deplorable falls to family and personal fortune was simply heartrending. It is with grief we must again repeat that our Profession is not wholly irresponsible for all this. Something like a dawning perception of responsibility has now opened upon us; and in the declaration drawn up some years ago against its incautious use, and signed by eminent physicians, was found the inauguration of more cautious practice on the part of physicians in general. It were much to be wished that some less palatable form of the alcoholic group would be prescribed where a stimulant is required. Whatever be the temporary gain derived from it we hold that there are cases in which this gain should be foregone in view of the after-risks which its administration might entail on the patient. It is no part of the scope of this Essay to discuss the value of therapeutic agents. It is, however, within our strict limits to discuss certain moral bearings connected with their administration. The preceding observations appear to us, therefore, to be distinctly called for.

The bearing of the Profession towards the Acts for the limitation of contagious diseases has been the subject of some hostile criticism. Weak-minded people saw in an Act, which compulsorily removed the victims of a terrible disease from off the streets, a license to commit sin. These people altogether lost sight of the fact that the State had already dealt with other contagious diseases in a similar manner. Thus, it provided for the compulsory removal of a scarlatinal patient who might be found exposing himself in public. Moreover, the State gave no fresh license to prostitution; it had previously passed no law for its suppression; its attitude was dictated by motives which will be readily understood. We fail, therefore, to see how the Acts in question could be held blameable, because they did not prohibit the trade of the healthy prostitute. When we come to deal with the working of that Act we will find

the fullest vindication of the attitude of the Profession. So far from multiplying vice and the vicious, it has been shown to have been the instrument of reclaiming numbers, and of conducing in a marked way to both propriety and virtue. It must be confessed, however, that there is a look about the entire thing which one does not like ; but we fail to see how the State can be blamed for letting off an undiseased prostitute, seeing that before the Act passed the same conditioned person was not less free than at present.

A busy set of public agitators have given no little affront to the Profession in connexion with the practice of vivisection. Fortunately there was sufficient wisdom still left among the lay public to prevent the Legislature from falling entirely into the mischievous views of this noisy section. We refer to the agitation over this matter as an instance of the unsatisfactory state of our Profession in regard to some of its relations with the general public.

We next come to a very important matter. We have before spoken of the special disadvantage under which the peculiar nature of medicine places the man of merit. Anything, therefore, which would increase the popular difficulties of recognising merit must be of deep moment. In any case, such difficulties should afford us subject-matter for deep concern. The concern, however, must be greater still when it is discovered that certain classes of medical men are themselves the culprits in the matter. We refer to the testimonialising practices of metropolitan practitioners: the very dregs of the schools are, according to this system, elevated to as high a level as the very cream of their classes in the eyes of that lay public who have the disposal of patronage in their hands. The idle student, who spends the bulk of his four years in visiting gin-shops and places of more equivocal resort, now finds himself placed, thanks to "his testimonials," in the eyes of the public in that position to which industry and ability should alone raise him. It does not matter what way a student may spend his time, how little industry or how little ability he may exhibit, he will always find, at the end of his career, plenty of friends to supply him with both one and the other, so far as words go. We have known the

most stupid students magnified into young men of ability by those letters. We have known men who were again and again plucked at their final examinations, not because they were idle, but because of sheer lack of brain, and yet who were ultimately permitted to pass through mere pity, described as the best students that ever left the city in which they studied. We have known others, of whose entrance into the Profession we will simply say that it was eminently calculated to afflict the lover of his kind, painted as men who would become lights in their profession.

We recently heard a student—a prizeman, and a man of superior ability and industry—exclaim in the bitterness of his soul—"It does not matter what you are!" The exclamation was wrung from him by the result of an election which had then taken place, and at which the very dunce of the class had floated, with the aid of testimonials, into position, while his superiors were left in the distance behind. It is impossible to over-estimate the mischief wrought by this unscrupulous practice. It takes away all the motive supplied by interest to be industrious and good. It holds out a direct premium to be idle and vicious. It places the stupid youth, whom nature never intended for anything higher than a mere mechanical calling, on a level with the best and most gifted man in the school. The evil, of course, does not stop here. Occasional instances occur—rare and occasional, indeed, they are—where persons having appointments at their disposal are sincerely anxious to select the best man, and where they are utterly confounded by the flood of testimonials which completely bewilder them in their efforts to form an opinion on the merits of candidates. It may be alleged that we overpaint the picture. We sorrowfully maintain that we do not. A few years ago a vacancy occurred in one of the Dublin Unions. A host of candidates presented themselves. The majority of the committee having an *embarras des riches* of their own way of thinking to select from, and none of the competitors being their own relatives, proceeded to make an effort to select the best man. The effort broke down entirely. The chairman declared, as reported by the Dublin papers of the day, that as

each man appeared by his testimonials to be cleverer than any of his neighbours, it became a matter of utter impossibility to take the question of merit at all into consideration. Consequently they were obliged to fall back upon considerations which he frankly admitted had no reference whatever to the competence of the candidates. We do not remember to have read of another such outspoken declaration, but we do happen to know that the case was not an exceptional one.

It may be useful here to introduce a sample testimonial; it runs nearly as follows:—"I have known Dr. — for a period of over four years. During that period he attended my course of lectures on anatomy, and also my hospital practice. He was remarkable for his zeal, assiduity, and attention. He disclosed abilities of the very highest order. He was a model student, and from his kindness and attention and high moral conduct was an example to all. His merits were felt to be so great that he was selected from a host of competitors for the important office of resident in — hospital. In this latter position the manner in which he discharged the duties of the office was such as to exceed all anticipations. Dr. — is indeed destined to be a light in the Profession, and I can confidently recommend him as a perfect treasure to whatever district may have the good fortune to select him for its medical officer. Signed, WILLIAM SIMPLE, Professor of Anatomy in the Brownson School of Medicine; Surgeon to the — Hospital; Member of the Royal Irish Academy, &c."

It is time that this were at an end. It is exposures like this which will help to make an end of it. Meanwhile the best remedy would be to make a rule for individuals to give no testimonials, and to confine such as are given to mere statements of fact, such as— he got this prize; he attended that lecture. And to have such testimonials come from the head of the institution, and from a non-medical man if possible.

CHAPTER IV.

Irish Poor Law Service—County Infirmaries—English Poor Law Service—
English Workhouses—Scotch Poor Law Service.

THE Poor Law Service forms one of the most important departments of the Medical Profession. Over 1,000 physicians, surgeons, and apothecaries, constituting more than one-half of the entire Profession in Ireland, belong to it. The service may be divided into two branches. The first of those comprises the officers to the workhouse hospitals; the second the officers of the various dispensaries. The Irish dispensary system is, in some respects, one of the best organised in the world. It has rendered immense service to the State by diminishing the greatest parents of pauperism—sickness and mortality. The foundations of our Irish dispensary system were laid so far back as 1805. The Act then passed gave the grand juries and county infirmary authorities power to establish dispensaries. This they did, but in a very imperfect way. The dispensaries were very unevenly distributed—being less in proportion to the wants than to the wealth of the local populations. There was neither supervision nor system, nor adequacy of remuneration; the last-named element was, moreover, as inconstant as it was inadequate. The famine years completed the breakdown of a system which had never much stability.

In 1851 the present order of things was instituted. It is, we need not say, infinitely superior to the system which it displaced. Each Union is subdivided into a number of districts, each of which is placed under the control of one dispensary officer. These districts are most unevenly apportioned—neither population, acreage, nor considerations of convenience being taken into account. The electoral divisions were taken as the units, and as these were necessarily disproportioned themselves, the union of several of them into a single dispensary district made matters still worse. The results

have inflicted no little inconvenience on the poor, and some also on the physicians. It is to be hoped that the Commission of 1877 may lead to the removal of some of the most glaring inequalities of these districts.

While touching on this subject we may refer to another source of inconvenience to the patients. It is one which is a greater source of loss to them than even the ill-proportioned districts. We refer to the inconvenient positions of doctors' residences. In many cases doctors are allowed to live out of their districts altogether; this, of course, still further aggravates the mischief. It would be hard to over-estimate the hardships, loss, and inconvenience which this state of things inflicts on the recipients of dispensary relief. It causes in some instances loss also to the dispensary officers themselves. The proper remedy would be an Act of Parliament compelling the local authorities to provide, where practicable, a suitable residence in a central position for each of their officers. Let us again revert to the arrangement of dispensary districts and their government, from which we were led away by this digression. Each dispensary is governed by a committee, which is selected by the Board of Guardians. This consists, first, of such Guardians as live or have property within the district; and, second, of other members nominated by the Board of Guardians from among the ratepayers of the district. These two classes conjointly form the committee. The most important duty of the committee is to issue tickets; the next is to elect the medical officer. The committee can provide a substitute when required by the illness or absence of the regular officer, but have not, however, the power of paying him—this last is vested in the Board of Guardians. In most cases the dispensary committee perform all its duties, save those of electing officers and issuing tickets, in the most perfunctory manner; indeed, we know of many dispensaries where the committee scarcely ever meet at all. The method of election of their medical officers is the least satisfactory feature of the whole thing. We do not look up to the competitive system with all the fond idolatry that some people do; we look upon it as conducive to a great many evils. We shall

have occasion to discuss it more largely elsewhere. When, however, we look at the monstrous evils which attend the present system of filling poor law offices, we must confess to a decided preference in favour of that of competition. It is not too much to say that the question of superiority of attainments hardly ever enters into the consideration of the electing bodies.

Ireland is a poor country, and for appointments however poor there is always a superabundance of influential applicants. Local persons of influence are seldom wanting whenever a place turns up. When local family interests do not crop up, the political and religious elements never fail. Indeed, the first question to be asked by an intending competitor is, what is the complexion of the committee? If the majority be of his own way of thinking, and that it is composed of men who cannot be coerced by landlord or agent's whip, our intending competitor will be safe in going on. If, on the other hand, the majority be of an adverse composition, were he a Paget or a Corrigan, he would have no chance. There is no use in disguising the fact that not in one case out of a hundred is the question of merit even thought of. That one case of course occurs where, as before explained, a local man is not forthcoming. The wonder is that so many good men have got into the service, and so much good has been done by the entire body. A review of the immense amount of medical work which devolves on the dispensary doctor will show how important it is that such a state of things should not be permitted to continue. During the year ending September, 1875, the dispensary doctors of Ireland attended within a mere fraction of 200,000 persons at their own homes. Looking at the facilities which exist for obtaining relief at the dispensaries, each one of the 200,000 cases may be taken to represent a case of severe illness. Again, the number of zymotic diseases which were under the treatment of the same officers for the same year amounted to over 23,000. In addition to these, the enormous number of 495,530 patients were attended to at the dispensaries. Let us add to these 92,927 patients who were treated in the different workhouse infirmaries, and we have a grand total of work which forcibly illustrates the necessity

for procuring for its discharge the highest professional attainments. Indeed it is easier to disparage than over-estimate the importance of the field opened to professional labour by the Irish Poor Law system. The services which have been rendered to the State by its present officers are immense. They have practically extirpated smallpox; they can largely claim credit for the lower relative poor rate of Ireland; they have reduced the average of zymotic mortality, as shown by the late Dr. Maunsell. Each dispensary officer attends something like an average of 1,000 cases a year. He receives for this the munificent pay of from fourpence to sixpence for each town case, and an average of about twenty pence for each country case. His physical labours are of the severest, his anxiety is the keenest, and his outlook the least ambitious of any official in the public service. Every other day he has some annoyance or other to experience from a troublesome guardian or an ungrateful patient.

Next, when we come to look at the ultimate prospect which remains for him, when sickness or old age overtakes him, he can hardly be congratulated on its brightness. His superannuation entirely depends on the free motion of his former masters, and he is even obliged to resign before he can put their good nature and sense of justice to the test. The grievances of the Poor Law officer are not, however, confined to those we have mentioned. While he stamps out smallpox he receives less for his successful raid on that terrible malady than the English public vaccinator does for his abortive efforts to strangle the same enemy. The dispensary doctor is also obliged to discharge duties connected with the sale of food and drugs without any remuneration. Until lately gratuitous certificates in lunacy had to be signed by him. This was, however, the other day repealed.

The most important by far of all the grievances of these officers are insufficient salaries and abuse of red tickets. We shall notice the last first. Under the Act which introduced the present system no definition could be made of the exact persons entitled to medical relief. The word poor person was simply introduced into the Act to define the class of person who

was to be attended gratuitously. The word poor can bear a very elastic meaning according as it is viewed by different interpreters. It accordingly so happens that numbers who are unentitled to relief every day receive it. We admit that there is a border class with whom it is difficult to deal. There are men of whom it is hard to say to which of the two classes they belong. No arrangement could possibly be devised which would altogether shut out this border class from preying on the doctor without at the same time exposing some really deserving person to the risk of being treated with injustice. There is, therefore, a great practical difficulty in the matter, and no remedy can necessarily be devised which would be perfect. There are, however, other persons besides mere borderers who try to cheat the doctor, and for these a satisfactory remedy has at length been found, as the outcome of the well-known case of *Wood v. Crumbly*. That case excited warmer interest among practitioners than any one which turned up for a long time. Dr. Wood suffered defeat on technical and opposite grounds on two different occasions; but, nevertheless, sufficient opinion was elicited from the Bench to show the success which may be expected to attend future suits, if framed with due regard to those technical points. This case marks one of the most important epochs in the history of this department in Ireland. It will now be the fault of dispensary men themselves if they should continue to be compelled to render gratuitous service to unworthy objects. Dr. Ashe proposed in one of his Carmichael Essays a very admirable method for dealing with the same abuse. This was, to have each committee make a list at the commencement of each year of all the parties within a district who would be entitled to relief. The doctor was to attend these alone. Provision, however, was to be made to meet the case of a new-comer whose name might be put on the list, or who, in case of more sudden emergency, should be attended without this formality, on the presentation of a ticket signed by at least two guardians. This suggestion is an admirable one, and may yet have to be agitated for, if the *Wood v. Crumbly* practice should turn out to be too dangerous for the every-day medical

attendant to adopt. Another suggestion was made by Dr. Ashe in the same Essay, which also merits reproduction. We refer to his suggestion that dispensary doctors should receive a mileage allowance. At the present moment three-fourths of some, and more than half of all, salaries are spent on car-hire. Mean as is the remuneration of those officers, this fact makes it meaner still—the cost of living, of wages, and of horse-keep has quadrupled within the last thirty years. The increase of salaries has not been at all in proportion. It would help to put matters in a much better light, and so facilitate more liberal dealings with those officers, were even the present salaries cut up into two parts—one part of the salary being given for mileage, the other for services. Men would then see in all its glaring nakedness the excessive parsimony of the present stipends. We confess that considerable practical difficulties would beset the determination of the proper sum to be allowed for mileage. Most medical men use their own horses, and if they were to be paid for every time they went out there would be the danger that they might go out a little too often. Under the present system the opposite temptation exists, and it might not be altogether improper to change it for one attended with less unfavourable risks to the patients. Then, again, many calls are at present attended in the course of visits to private patients. It surely would not be just that mileage should be allowed for visits paid under such circumstances. Dr. Ashe's proposition, therefore, is not so easy of application as its talented proposer possibly fancied. We think that a lump annual sum would alone be tolerated by any administration. Such a sum might be calculated on a careful examination of the red tickets for the three years preceding the date of its introduction. The calculation might be made more exact by a careful examination of the private case-books of the doctors for the same period. There is another point which demands notice. Every other day we read of members of this service struck down in the first years of manhood by some malignant disease, caused by the faithful discharge of their duties. Every other day widows and orphans are left unprovided for in consequence. In

other public departments such victims are provided for by the State; in this service they are left to the tender mercies of fate. We hold that where a medical man loses his life as the direct result of the discharge of a public duty some modest provision ought to be made for those whom he leaves behind. The principle is recognised and acted on in other departments, and unless it be alleged that those officers of the Poor Law Service are either more highly paid in proportion, or discharge less valuable public service, the precedent ought to be followed in their case also. This brings us to speak of their remuneration. The average remuneration of each of those officers is as low as £118 odd shillings per annum.

Now, as to the fairness of such a stipend let us look for a moment at an estimate of the relative positions of two members of the same family, one of whom selects the Civil and the other the Poor Law Service as the sphere for his labours. In the first instance one of these has had to devote four years longer to his general education. This is one item—and, as the cost of education goes, no inconsiderable one—to swell expenses. At eighteen one youth enters his office at £80 per year, and at twenty-two his stipend will reach £100. The other commences his professional studies at the same age, and at twenty-two, when the first-named youth will have earned over £320, will have expended a sum of £600, at the least, on his professional studies and personal expenses. The young physician will be the poorer of the two by at least £800. This, however, is not all. He will have had incomparably harder work, and every day in the week will have been in the very jaws of danger—indeed it may happen that he will never be permitted to reach the age of two and twenty, but be struck down before that period a victim to his professional studies. This, however, is not all. Even if he survive to such an age he will be one of the very few if he obtain, without further delay and consequent expense, some return, however imperfect, for his money. The rule is that at least another year will be spent in unproductive idleness. This must mean another addition to the cost of medical production, and which, of course, should be taken into account in estimating the return that he ought to receive

for his expenditure. Nor is this all. When at length he does obtain an appointment to a dispensary a further sum will have to be spent in providing the necessary outfit of horses, vehicles, &c. We can conceive nothing more calculated to make out a case for a more liberal treatment than the above comparison. No doubt the present supply is greater than the demand, but the law of supply and demand do not apply to a case where numbers may be kept up at the expense of quality. This quality is a matter of supreme consequence where it is life and not chattels that is concerned. There are every day opening up fresh fields for the youth of these countries, and it is neither prudent nor sensible to offer only such inducements to those on whom in their hour of sorest need the public will, if in rural parts, have exclusively to rely, as will leave them trusting to the mere weeds of our educational fields. There is a growing feeling of regretfulness on the part of many of those already engaged in this service that they did not select a better field. We know so many who entertain such a feeling that we do not doubt that the field will be left more largely than heretofore to a more inferior class. We have found fault with the system of election for the facilities which it offers to the least capable candidate to slip into place. We have also found fault with it for the obstruction which it opposes to the superior candidate unbacked by local and sectarian help. We have proposed a change to the competitive system as likely to produce a better class of officers. We hope that no one will see any incompatibility between the alleged necessity for such a change, and our acknowledgment that many excellent men contrive to slip in under the present system, and that the entire service largely merits the thanks and gratitude of the State for the important benefits it has conferred on it and on the community. All this is quite possible at the hands of a service which may still contain a large mixture of very inferior ingredients. We have, ourselves, engaged in more than one canvass, and we have known men of marked ability who have gone through a similar unpleasant ordeal, and we can say both for them and for ourselves that so galling are our experiences of this canvass-

ing system that, however dull we may be, we would hail with rapture and gratitude the introduction of any examinational test in its stead, however severe and trying such test might be. We defy the experience of any other class of place-hunters to match for a moment their canvassing annoyances with those which assail dispensary candidates. Our personal experiences on this head would form no small contribution to the literature of the subject, yet our candidatures have been few and our failures have been nil. We know so many others, equally loud in their expressions of hate, that if but for this reason alone—namely, in the interest of the self-respect of physicians—a change should and ought to be made.

Under the old system of dispensary relief in Ireland we had occasion to remark that no provision was made for its inspection by any superior officer. Under the present system such a provision is made, but it is a most imperfect one. We have no recollection of any agitation having been made for a more perfect system of inspection by amateur Poor Law reformers. Since the introduction of the Sanitary Act an agitation has, however, sprung up for increased sanitary inspection. We hold most distinctly that such increased inspection is needed in connexion with medical relief pure and simple. We know or have heard of instances where the want of adequate inspection has entailed great evils on the public. It is sheer nonsense to think that a mere layman is competent to exercise the necessary over-hauling of medical attendants. We have seldom, if ever, heard of a medical attendant punished for insufficiency of attendance on an individual patient. Lay surveillance only takes cognisance of that neglect which leaves the patient to die before the doctor first visits him. Provision is indeed made in the Poor Law Regulations for the continuance of medical attendance on patients as long as may be necessary. It is one thing, however, to make rules, and another thing to enforce them. We may ask what official is there under the present *regime* competent to discharge this task? Is a lay inspector competent to do so? Certainly not. These inspectors have more than enough to do without adding to their duties. It may be said that the

matter may be safely left to the patients themselves, and to the issuers of tickets; but surely if a lay inspector be incompetent for the task, people of less intelligence and of less unbiassed judgments cannot be fit to undertake it. We do not propose any minute looking into attendances. Such a state of things would be as unnecessary as it would be intolerable. We would have a moderate overlooking of the amount of attention paid to individual patients. It would be desirable that the records kept of the number and dates of the visits paid to patients should be sent monthly before competent medical inspectors. The medical inspectors would then be able to judge—after a visit, if necessary, to the patient's house—whether sufficient attention had or had not been paid. We happen to know that many cases, particularly fever ones, turn up every other day at such distances from the doctors' houses that it would be physically impossible to pay them adequate attention. Were the medical attendants liable to be brought to task for insufficiency of attendance, they would not be so slow as they sometimes now are to force them—for force them they can—into the adjacent hospital. We say force, because in nine cases out of ten such parties can, under existing Acts, be coerced to go into hospital.* In proposing additional clerical work for dispensary officers, we will be met with the objection that they have already too much work of that kind to do. We readily admit the force of the objection. We would, however, propose to relieve them of much of their existing work. We think that the interests of their patients would materially gain by the transfer of their registration duties to other hands. This would entail a loss on them. We would, however, much prefer to see them properly paid for purely professional work, rather than derive paltry additions to a scanty income from offices which distract their attention from their proper work. With regard to the removal of patients to hospital, we think there ought to be a small hospital attached to each dispensary in rural

* The writer brought under the notice of Sir M. Hicks-Beach the necessity for enlarging those powers for dealing with both private houses and schools, and his suggestions now form part of Public Health Legislation.

districts. This hospital might be built in connexion with the official residence of the dispensary doctor. It should be under his exclusive superintendence and control. He should be, like the asylum superintendents, at once its lay and professional head. We know that these hospitals would, perhaps, entail great expense, and that, perhaps, they might become centres of great abuses—perhaps even the nursing might be very inferiorly conducted. With the doctor, however, on the spot, one would think that ample protection would be ensured for their proper administration. We would remove as many serious cases as would be either ill-lodged or situated too far away into such hospitals. We would send the chronic, the fever, and the heavier surgical cases into the central hospitals. We would thus make ample provision for attendance on those cases that cannot, as we believe, now receive proper attention. When we say receive proper attention, we do not aver that such cases are not at present properly attended to. We do aver, however, that there are numerous instances where they do not, and where they cannot, receive that close medical attendance which their condition demands. Dispensary doctors have had their positions much improved in various ways of late years. They have now obtained a complete monopoly of Constabulary appointments; their pay for such has been lately doubled. Then there is the registration before alluded to, but which we would deprive them of for the reason stated. Then, again, under a late Act of Parliament their friends have contrived to secure for them another monopoly in the shape of fees for lunacy certificates. Certainly these officers have fallen on happy times. The result of all this is that, no matter what the professional merits of some of them may be, unless they labour under the further disadvantage of some grievous moral drawback, they secure the monopoly of the entire practice within their districts. Indeed these districts have now become as much their preserves as ever the estates of a French baron were in the good old days of feudal supremacy. In one sense this is satisfactory, as an inadequate public income is supplemented by very respectable private gains, and the positions of deserving officers are thereby

materially improved. In another sense it is eminently unsatisfactory, inasmuch as *ex officio* possessions of any kind lie under the just suspicion of being too often unmerited; and, moreover, so great is the obstruction which now opposes the intrusion of medical attainments of exceptional standing into "districts," that in a short time no medical skill, except that which is raised in the dispensaries themselves, will be left to compete for practice outside the large towns. This last fact can hardly be considered an unmixed blessing to the public, though unmixed it may be to the dispensary men; for the dispensary, with its never-ceasing routine, can hardly be considered the very best training field for professional culture. When a dispensary doctor returns in the evening, after forty miles' weary driving from one end of his district to the other, he is not in the best psychological mood for reading and digesting the latest additions to medical science. We have, moreover, explained in a former page that this is not the track which rustic intelligence encourages him to enter on. He will find quite another class of studies to lie more in his way. In former times the adjacent town generally produced a physician or surgeon who, by reason of hospital connexion and superior professional culture, merited, and sometimes received, a large practice in the outlying neighbourhood. This is now nearly all changed, and in another generation will have become a mere tradition.

The relation of dispensary men to midwives challenges attention; but as we propose to honour them with a further notice elsewhere, our present one will be very brief. Midwives are prime favourites with amateur city dabblers in Poor Law matters. We deem them to be anything but unmixed blessings. The Local Government Board has drawn up regulations for them which, to our own knowledge, have rendered them of no advantage whatever to the doctors. In one district of our acquaintance the midwife insisted on the doctor seeing each case before she would take it in charge. The result of this was that the doctor found it much easier, owing to the distance of the patients from his residence, to remain with them than to return and

run the risk of being sent for again. The midwife, therefore, escaped all duty. We do not know that every doctor and midwife act thus, but certainly the present regulations are very impracticably drawn up—they hold the doctor responsible from first to last for the case. Now, if the primary responsibility rested with the midwife, she being bound, in the event of a difficulty turning up, to send at once for the doctor, all risk to the patient would be obviated, the doctor's time would be economised, and all needful protection would be secured to the public. It is strange that the Local Government Board have not, after an experience of some years, modified this rule. We wonder that any doctor would run the risk of handing over a case, under the present rule, to a midwife, seeing that at any moment it might change from being a natural one, and that he might be then accused of its having been so at the very moment of his first visit. It was fears like this, quite as much as considerations of distance, that shaped the practice of the practitioner before alluded to.

Dispensary officers enjoy another advantage which we must not omit to mention. They possess the luxury of fixity of tenure. It is especially provided that they are not to be removed except for sufficient cause. We have not as yet seen this tested in a court of law. There can be no doubt, however, of the law on the subject. It is a remarkable fact that in the face of this provision some very unwarrantable calls for resignation have been made by the Local Government Board. In most, if not in all those cases, that Board gave way, but there seems to have been no attempt on the part of the threatened officers to assert their legal rights. The Central Board very likely felt that the law was against them, and so gave way. This provision was very wisely conceived, and has afforded valuable protection to dispensary officers from the tyranny of both Local and Central Boards.

We now come to another point of interest. We refer to the medicines supplied to dispensaries and workhouses. There is grave reason to believe that these medicines are in many cases most inferior in quality. Adulteration is now-a-days something more

than an art. It is almost a science. No medical man is competent to detect its presence. He should have a laboratory at hand to enable him to do so. We think that many adulterations which are perpetrated would not escape the practised eye of an apothecary or chemist. Our dispensary officer is not an apothecary, save in an odd instance, and he consequently has not a practised eye to bring to the detection of such adulterations. The system of drug contracts is essentially a vicious one. However, we are only concerned with it so far as it directly bears on the state of dispensary officers. We think it a great loss that those officers should be invested with apothecaries' duties. They are not the best fitted for the discharge of such duties. They have never been trained as compounders—for we utterly scoff at the idea that a three months' training in the pharmacy of an hospital constitutes any training. We will not enter into the effects of this imperfect training either on the patients or on the ratepayers. We could make out a chapter on the subject, were we inditing not an Essay on the state of the Medical Profession, but a history of the dispensary system in Ireland. Let it suffice that our friend, the apothecary or chemist, is, under the existing state of things, deprived of many a berth which he might be called upon to fill, not merely to his own profit, but to the still greater profit of dispensary, physician, and patient.

Workhouse medical officers are nearly 200 in number, including apothecaries. They are elected directly by the Boards of Guardians. Let it suffice that the system of election is as unfavourable as the dispensary one to any consideration of the candidates' merits; local or sectarian influences almost invariably determine the selection. These officers do not enjoy the fixity of tenure possessed by their dispensary brethren; and the Central Board has in consequence felt itself at liberty to deal with them in some instances with uncommon harshness. The regulations for sudden attendances at the workhouses are drawn up in a loose way, and workhouse physicians have long desired that they should be so modified as to oblige their attendance out of the ordinary course only when the inmate would at least seem to be sufficiently ill to require it. We

perceive by the public prints that an application was recently made by the Irish Medical Association to the Local Government Board for a modification of these rules. Let us hope, now that the medical head of that Board can bring to the decision of such a matter the experience derived from a personal acquaintance with workhouse routine, that these rules will be so shaped as to secure, as far as practicable, the rights of all.

In Ireland all medicines, appliances, &c., are found by the Guardians. The doctor is himself to blame if these be not as good as money can procure. We have the same observations to make as we had in the case of dispensaries, with regard to the imposition of the duties of compounders on the medical officers. We believe that a chemist or apothecary might be provided with a place in every workhouse to the great gain of all parties concerned. There are great clinical opportunities for the advancement of medicine, as well as for increased professional culture, at the disposal of workhouse practitioners. An immense proportion of important cases are treated in workhouse infirmaries and fever hospitals. There are, to be sure, a large number of chronic, and also a great number of what your lithotomy-loving students would consider uninteresting, cases treated there. These latter, however, and not lithotomies, are those which the same student will meet in general practice through the country. Any person of common sense will perceive the importance of the student studying such cases instead of confining his attention to sensational surgical ones, the like of which he will never, no more than the hospital porter, be called on to treat in after-life. These last clinical fields are entirely unavailed of by students. The more sprightly among the latter find it more agreeable to saunter through Dublin gin-shops during the fourth year of supposed professional study, than to spend a twelvemonth in acquiring practical knowledge at some provincial hospital. The industrious student who scrapes through in three years fancies it cheaper to make out the fourth year through the help of antedated lecture tickets or of lying certificates from an apothecary to whom he never served a single hour. It is no

wonder that we hear of young surgeons unable to pass a catheter or treat a case of chronic bronchitis, while quite at home on the relative merits of the latest German novelties for the relief of diseases that will never be entrusted to their charge. The workhouse doctor possesses every appliance requisite for the instruction of pupils. It is therefore a great loss that these institutions are not availed of by them. The action of the Medical Council, in allowing one year and a half out of the four years prescribed for medical study to be spent at those institutions, will, as we shall explain further on, make them be utilised in future. The workhouse doctor would be stimulated to increased study and increased attention to his cases by the presence of skilled and unbiassed critics. He would be enabled by their assistance to collect facts which at present are entirely beyond the compass of a single individual, and so utilise the vast clinical treasures which are now going to utter waste. Indeed it is lamentable to think how little is contributed to the mass of medical facts by hospitals in which so large a number of sick are annually treated. We have only to take up the various medical publications in order to become painfully aware of this fact. It seems as if a little corner alone of the great medical field is being worked while the greater portion of its vast extent remains entirely uncultivated. The workhouse physician would also gain by the creation of competent critics whose voices could not but make themselves felt outside his hospital wards. Public opinion, often so painfully misinformed, would thus be provided with some help towards arriving at just conclusions as to the relative merits of individual practitioners. The patients, too, would be gainers; while, we suppose, no one will attempt to deny the immense gain which would ensue to the student himself.

These hospitals were formerly confined to mere sick paupers. The 25th and 26th Vic. threw them open to the general public, and a moiety of the entire cases treated now belong to the non-pauper class. We can readily see then how extensive, and at the same time representative, is the clinical field which they are capable of affording. One point more. The law on the subject of *post*

mortem examinations in workhouses can hardly be considered satisfactory. That law vests the determination of the important question as to whether in a given case there will or will not be a *post mortem* in the hands of two different parties. In those cases where there happen to be relations, these latter have the determination of the point; in all others the power rests with the workhouse masters. It is unnecessary, we suppose, to state that we owe to *post mortems* all the advances that have been made in modern medicine; and that even a single *post mortem* might reveal facts of transcendent importance to the whole human kind. Under such circumstances it seems not altogether unreasonable to expect that those who during life are so handsomely provided for at the public expense should, after death, make some contribution to the public weal in the shape of the increased knowledge which the examination of their bodies might yield. We hold, therefore, that despite the fact that the primary object of those institutions is to afford relief and not to advance science, and that the one might be pursued at some little expense to the other—that, nevertheless, the law might be, and that it ought to be, so changed as to vest in the workhouse physician, in the absence of any positive prohibition on the part of the dying patient, that power which is at present vested in the relatives and in workhouse masters. We are willing to admit that such authority should be exercised with great caution, and that care should be taken not to clash with popular prejudice, wherever practicable.

County Infirmarys formerly occupied an important position in the hospital world of Ireland. The establishment of workhouse infirmarys, however, and, above all, the passing of the 25th and 26th Vic., and the establishment of easy communication with Dublin, deprived them of much of their importance. They are supported almost exclusively by county presentments. These latter are liable to be withdrawn at any assizes, and in some instances this has actually been done. In many other instances constant attempts are being made by members of Grand Jury Boards to throw out the presentments, and these render their position very insecure; they, in fact, live on from half-year to

half-year somewhat after the fashion of an Irish peasant who every half-year is liable to be relegated to the workhouse.

The government of these institutions is carried on after a somewhat anomalous fashion. The governors, who contribute a mere fraction to the annual expenditure, are very remiss in their attendance, and the government is practically left in the hands of the paid officers. There is no adequate system of audit. In some instances the governing powers, which belong to the governors at large, have been usurped by small weekly committees, on which, of course, the friends of the officials are sure to be exclusively represented. There seems to be the utmost laxity of ingress to some of those institutions. Well-to-do people find no difficulty whatever in gaining admission, to the great detriment of the medical faculty of the towns in which they are situate. A dispensary is maintained in connexion with many of them, and it is in this department that the greatest abuses occur. Independent farmers and their wives, comfortable tradesmen and shopkeepers, are not ashamed to slink in to those dispensaries, and obtain both advice and medicine gratuitously. An attempt has recently been made to shut up one of those dispensaries, and to check the abuses of the internal department. The surgical practice of some of those hospitals is decidedly below par. Thus, in one of them the most notable and the most beneficent discovery of our age—namely, that of anæsthetics, has never been availed of. One cannot help shuddering at the incalculable anguish which has been sustained by the patients of such an institution for a whole generation, all of which might have been prevented had the practice within its walls kept pace with the march of science and the progress of the age. Until lately none but Irish surgeons could hold office in those institutions. No medical qualification was necessary, and it thus came to pass that the workhouse surgeon and the dispensary physician were required to possess higher qualifications than those demanded from the county infirmary surgeon. Mr. Gibson's Bill changed this, and opened them up to all diplomas. Each student attending those infirmaries is allowed credit for one year's clinical

instruction; but, owing chiefly to the fact that the four years' professional study required by the Irish College have been allowed to become a four years' study in name only, through the facility for antedated certificates and lying letters of apprenticeship before alluded to, the privilege has of late been little availed of. These county infirmaries, with all their drawbacks of government, local situation, &c., fill a very useful position. Numbers of the class above that of the pauper, and who would never go into a workhouse hospital, are treated in them. Their sphere of usefulness is, however, seriously interfered with by the fact that they are usually situated too far from all but a small circle of patients. When the Medical Charities Act was being passed it was proposed to incorporate those infirmaries with the Poor Law system, but the effort was defeated owing principally to the intrigues of the then editor of a leading Whig organ, who was nearly connected with one of the infirmary surgeons. There can be no doubt from the increasing indisposition shown by Grand Jurors, and especially by the rate-payers at large, to tax themselves for their support, that these institutions will not outlive the present generation. There is very little doubt that the first elected body of Grand Jurors will abolish four-fifths of them. We believe that their day is passed as separate independent hospitals. We believe, also, that they stand in the way of the development of the Poor Law hospitals. We cannot shut our eyes, however, both to the good which they do and the good which they prevent others doing. We would be glad, therefore, to see them incorporated with the Local Government Board service. We would preserve the present staffs in their entirety. We would also, as an essential part of our projected reform, separate the present workhouse hospitals as completely as it might be practicable from the workhouses and convert them, under Poor Law government, into so many *quasi* county infirmaries. We would in this way preserve all that is good and useful in both sets of institutions. We would supply those classes who are now deprived of the advantage of a county hospital by reason of their distance from them, with all the advantages of such institutions, and we would

strip the workhouse hospital of that badge of pauperism which is so humbling to many that avail themselves of them, and which acts as so powerful a deterrent to many who do not use, yet sorely need them.

The English Poor Law Service comprises some thousands of officers. Like the Irish it may be broadly divided into the parochial and workhouse departments. The parochial officers are very much worse circumstanced than their corresponding brethren in Ireland. The salaries are simply nominal. The medicines are supplied in most cases by the officers themselves. There is no fixity of tenure. It is considered by most of these officers lowering to discharge the duties personally. We take this from published letters of parochial officers themselves. Even the compilers of directories refuse to admit past Union appointments as being, we suppose, something too contemptible for the pages of their books. With reference to fixity of tenure, it is only right to add that the English Local Government Board deny our assertion. There are some extras allowed for midwifery surgical operations, and one or two other items. As might be expected, such officers are not often troubled with surgical operations. The people entertain distrust in most of them. This appears to spring, according to Dr. Rogers' statement, from the not unreasonable belief that officers with nominal salaries are not likely to spend twice the amount of those salaries on expensive drugs. They are credited by the people, and not very unreasonably, with ordering only the cheapest and least expensive drugs. It is not to be wondered at, then, that the poor should only send for the parish officer chiefly when they want to get medical extras, or, as they would be called with us, out-door relief. From correspondence which has appeared in the journals, as well as from personal inquiry into the system, the astonishing fact appears that the bulk of this work is left to unqualified, and, therefore, unskilled assistants. In Ireland discharge of Poor Law work through unqualified deputies would not be tolerated for an hour. It is matter for astonishment the London Poor Law Board should permit it. It is hard to impose additional burdens on medical students in the shape of greater variety of compulsory lectures, increased period of study, and severer

examinations, if medical work can be done without any of those little preliminary preparations. On the other hand, if the work cannot be properly done by the untrained assistant, it is matter for astonishment that the lives of so many hundreds of thousands of poor should in such a large measure be left under their charge. It is hard, also, to prosecute the botanist, accoucheur, and such like impostors, when so many people, only a degree less ignorant, are thus permitted to try their 'prentice hands under the eye of official sanction on the lives of their fellow-creatures. It would seem, from a return brought by Sir Dominic Corrigan before the Medical Council, that there are no less than three thousand of this class of unqualified practitioners in England. It is little wonder that the people should fly in such shoals to the out-patient departments of hospitals, there to put up with any attention they may get in order to keep clear of such a parochial provision as this. Sir D. Corrigan got the Medical Council, at its July meeting, to call on the English Local Government Board to put a stop to this; but it, as yet, has not even made the attempt. It is only too well known how worse than indifferently their medical wants are attended to in such places; yet, so little is their confidence in the parochial system, that they accept anything in preference. A Parliamentary Committee sat in 1860-61-62, to inquire into the subject of English poor relief, and, strange to say, they did not see their way to reporting in favour of the introduction of the Irish system into England. Dr. Rogers gave weighty evidence in favour of the Irish system of supplying all the drugs to the different officers. So thick-headed, however, did some of the permanent officials of Gwydyr House show themselves that they actually opposed this modest demand. The Committee, in consequence, did not see their way to any substantial alteration in the system. They recommended, however, that some of the more expensive medicines should be supplied by the guardians themselves. This has since been accomplished in all save in 177 Unions. We are glad to note that there are many Unions where the entire drugs are supplied by the guardians. The city of London, under the Metropolitan Poor Relief Act, has a regular

dispensary system, and there all the medicines are supplied by the Union authorities. We may well hope that the obvious drawbacks of the present system will ultimately make the supply of medicines universal on the part of the guardians. Parochial officers in England being almost all licentiates of the Apothecaries' Hall, are better qualified to exercise a proper surveillance over the medicines than are Irish officers. English parochial officers sometimes complain, like our Irish ones, of being unnecessarily sent for, and of being sent for to parties who are not proper objects for medical relief. We have read some letters on this subject; but, as might be expected, these cases are exceptional, and the tendency is entirely the other way. We cannot but consider the low status of so large a fraction of our Profession as the parochial officers of England a slur on the whole Profession. These officers, as we have before stated, actually take, and we must do them the justice to say correctly take, so low a view of their Union connexions as to be quite ashamed of them. Most people will be disposed to think this could be hardly otherwise. When we consider the wages of the humblest artizan, and the thousand and one openings which exist for the people of the class from whom the medical student most largely springs, it is almost inconceivable how men who have received the training and education of gentlemen can be got to accept appointments at remunerations which are simply disgraceful. We are aware that these incomes are not accepted for their own sake, but that people simply take them for the advertising media which they afford—in other words, we have here another instance where the Profession gives its time, skill, and even self-respect, in order to purchase a possible advertising platform. In no other profession does the road to competence lie through the gratuitous bestowal of professional services. This is all the result of our faulty organisation and our want of self-government. We fail to see any immediate prospect of improvement. In truth, as long as the law permits and the authorities allow 3,000 unqualified assistants to scamp over the greater part of English Poor Law work, even the hope of improvement must not be entertained. There are parochial

appointments in England which would absorb the individual attention of their medical officers, if only proper attention were paid to the poor entrusted to their charge. At present the sick poor are scandalously neglected, for they do not, and cannot, receive that individual attention which their ailments demand. The busy practitioner who takes a district in order to make it a nidus, as it is called, for practice, cannot, and does not, give it more than the merest fraction of his time. It is, of course, fortunate for him that the poor do not very much trust him; but then they are just as badly attended at the places to which they do resort. All this is not very creditable to medical honesty. People ought not to undertake duties which they do not mean to perform, because the pay would not allow them so to do. Were medical men obliged to dispense with unpaid labour, and were they compelled by a proper system of medical inspection to pay adequate attention to each individual case, we would not see these appointments accepted for their mere advertising facilities, and we would have a proper system of payment as the result. There would then be an end to the absurd professional pay of the doctor, and to the scamping of medical work to the great loss of the poor patients. The doctor and patient are not, however, the only losers under the present state of things. It is only necessary to recollect how large a percentage of the entire pauperism of the country is the direct or indirect result of sickness, to see how much the tax-paying classes would be gainers by this increased attention to the ailments of the poor. In conclusion, we must not omit to note the proposals made by the *Lancet*, through the medium of its Poor Law Medical Officers' memorial. That document was very largely signed, and, though poorly received by the department, contains some valuable proposals. It asked—first, that the English Poor Law Service should be placed on a footing similar to that of the Army Medical Service. Second, that the doctors should have complete control over the ordering of food as well as medicines. Third, that dispensaries should be established and districts re-divided. Fourth, that hospitals should be established in every district distinct from workhouses.

Fifth, that the salaries of officers ought to be increased. Sixth, that paid nurses should be provided for the outside sick. The memorial proposed to leave the election of medical officers and the payment of half their salaries to the local boards, as at present, but to make them officers immediately dependent on the Central Board the moment they were elected. The English Local Government Board demurred to the claim for a general increase of salary on the plea so often noticed by medical reformers—namely, that when vacancies occurred there were only too many competitors, and that such a state of things did not indicate any great dissatisfaction with the salaries. They declared, however, their willingness, for the future as for the past, to urge boards to increase salaries where, in individual cases, they might deem an increase called for. They also pointed out that they always gave reasonable encouragement for the employment of skilled nurses. To the other proposals they were completely averse. The entire scheme proposed by the *Lancet* appears to us crude and immature. No local authority could be expected to relinquish all control over officers spending their money and paid in part out of their funds. The question of control over food-extras for dispensary patients must be considered from more aspects than the purely professional one. It is, in our opinion, entirely too delicate a one to admit of hard and fast rules. In point of fact we can state, from numerous inquiries, that the doctor's recommendations are so generally respected that the defects of the present system are less than those to which the proposed change might give rise. In Ireland a similar recommendatory power alone exists ; and, though sometimes abused, it is almost universally respected. Lord Cranbrook's well-known Act for the establishment of the dispensary system affords sufficient provision for the present for that purpose. We would appoint all Poor Law Medical Officers by competitive examination, provide them with drugs, pay them well and by the State, give them security in their offices, make them discharge their duties in person, and, finally, inspect them thoroughly. Lastly, we would separate the hospital element, as we would in Ireland, entirely from the workhouse department.

English workhouses are several hundreds in number. The pay of their officers is miserably small, and our observations on the English Dispensary system with regard to the supply of medicines, professional status, excessive medical work, apply equally to them. They are sometimes as unduly interfered with in the matter of *post mortems* as their Irish brethren. The clinical opens offered by the English Workhouse Infirmaries are very great indeed. It is unnecessary to say that, until lately, they were just as unutilised as ours.

The English College of Surgeons has made arrangements which will render it impossible for students to eke out their fourth year of study with the help of certificates of imaginary pupillage; and, as they allow one of the four years to be spent at a Union infirmary, a succession of pupils will in future be secured for such English workhouses as may be officered by surgeons able and willing to give value to them. We have to note the same waste of clinical opportunities, with a few honourable exceptions in these as in our Irish workhouses.

The pages of our medical journals sometimes contain an interesting report from some of them. These reports are, however, painfully few and far between, and one cannot but deplore the little addition which is made to science by a field than which no clinical mine is richer were it but properly worked. The fact is that their officers have neither time, nor inclination, nor any hope of reward to enable them to work. Here, as elsewhere, our only hope of improvement lies in General Medical Reform. Within the last year the English Local Government Board, by handing over the infirmary connected with the Leeds Workhouse to the exclusive charge of its medical officers, has inaugurated a change which, if applied to all other infirmaries, will increase a hundred-fold the utility of these institutions.

We should only say of the Scotch Poor Law Service that, poorly paid and defective in every respect as is the English service, this service is in a still worse plight. A Parliamentary Committee reported in favour of supplying all medicines. Its recommendations have yet to be carried out.

CHAPTER V.

Irish Sanitary Service—English Sanitary Service—Scotch Sanitary Service—
Lunacy Service.

SINCE the date of the publication of the last Carmichael Essay, a complete Sanitary Service has been called into existence in Ireland. The Act of 1874 made compulsory the appointment of sanitary officers in every district. One officer, with the designation of consulting officer, has had also to be appointed by each board. The district officers consist of the dispensary men who were appointed *ex officio*. The consulting officer was appointed under the method of election. We see much to find fault with in the entire sanitary organisation. No increase whatever was made in the medical inspectorate, and as the result the working of the Act has been placed in the hands of unskilled lay inspectors. The outcome is what might have been anticipated. The claims of the Medical Profession have been once again ignored by the State, and the State has suffered in consequence. The existing staff has suffered grievously in some instances from the absence of that protection which adequate medical inspection would have afforded. Our Profession is not likely to gain either status or repute from its sanitary department as it is at present organised. There is no use in disguising the fact that there is a direct antagonism between the interests and the duties of Irish sanitary officers. An independent discharge of his sanitary duties would place every dispensary officer at war with half his clientele. It would be too much to expect from human nature that any man so circumstanced could discharge his duties properly. No class of men make more personal sacrifices for the public interest than the members of our Profession. There is, however, a limit to such sacrifice-making, and it is neither desirable nor proper to impose burdens which try our human nature too much. We therefore entirely disapprove of the arrange-

ment which imposes sanitary duties on Irish dispensary officers. We know that people would be found modest enough to deny the evidence of the plainest facts, and to claim for the Profession a perfectibility which belongs neither to medical nor to human nature. We fancy we hear the wrathful accents of some Dublin amateur indignantly repudiating the accusation that the burden of sanitary duties has proved too much for the virtue of many of our Irish dispensary men. We have, unhappily, many proofs. Their enumeration would be out of place in this work. We shall utilise them on another occasion. We deem an *ex officio* system of appointment to any place or post open to grave practical objections. It looks like filling a number of square holes with all kinds of shaped pegs; it has palpably not worked in this service. Nobody will venture to deny that considerable special training is needed to produce a competent sanitary officer. No such training was required for holding any existing sanitary office. Indeed, the *ex officio* system rendered this impossible. The consequences have been little creditable to our Profession. The ignorance displayed or astutely kept back by many of those officers has been painful in the extreme. It has served as an encouragement and a cloak to vested interests, hostile to improved sanitary conditions.

Another obstacle to sanitary work has been found in the nominal pay given to the staffs. No man receiving such paltry stipends could be reasonably expected to bestow that labour on the sanitary portion of his duties which their onerous nature would require. Neither could a man be expected to run the risk of making his place too hot for him for the sake of the same remuneration. There must be a clean sweep of our Irish system of sanitary organisation. Dispensary men should be relieved of functions with which they never should have been entrusted. A single medical officer must be appointed for each Union. There will be found some Unions too extensive for one such officer, and those would, of course, demand the services of two. Such an officer should be appointed by competitive examination. He should then be sent to a special training school for six months. He should not be permitted to practise.

We would give him either the entire charge of the workhouse infirmary or the care of a certain number of beds in it. We would appoint him to this charge of patients, because we do not think it desirable that curative medicine should be entirely disassociated from her preventive sister. We, of course, by such an arrangement, would get rid of the present consulting officers. We find it difficult to retain our ordinary composure when referring to this interesting branch of the sanitary department. If the *ex officio* system has shown itself to be bad in the cases of district appointments, the elective system has proved ten times worse in those of the nominal heads or consultants. Gentlemen were appointed who no doubt were most respectable physicians or surgeons, but who knew nothing more about sanitation than the district men whose shortcomings they were to make up for. We mean no disrespect, at least no unmerited disrespect, when we say that unless these gentlemen are prepared to visit Netley for a twelvemonth and abandon their private practice, they must all be dispensed with. Dr. Mapother, in his Carmichael Essay, proposed to appoint a district officer, who should be a kind of factotum. He was to act as health officer, medico-legist, &c. We are not at all sure that the requirements of local taxation may not render some such combination of duties necessary, in order to eke out sufficient salary to make it worth the while of competent men to accept such positions and forego private practice. There are many other defects in the existing sanitary laws which much concern the state of our Profession. We, for instance, see a great defect in the section which prevents sanitary officers being members of their boards. This opinion of ours will startle some people. It would be impracticable to make a change so long as they hold other appointments. It will be asked—why should we propose so great an innovation as to seat a gentleman on a board to which he is an officer? We reply that his ability to urge on sanitary work would be thereby immensely increased, and that the great present requirement is the presence of some *vis à tergo*, in the absence of any *vis à fronte*, powerful enough to urge on sluggish boards of guardians. It would be absurd to

expect that a subordinate official, with his £20 per year, would be able to force on reluctant boards. Enable such officials to propose a resolution themselves—to make a statement on independent, and, therefore, equal, terms, and to possess that additional influence which membership would give them—and they would be able to grapple with hostile vested interests with an effectiveness now undreamt of. A case has actually occurred where a consulting officer has been ejected from his house for attempting to abate a grievous nuisance, and where no good result followed on the exposure of the facts to the Central Board. Sanitary officers will now be brought less into collision with corrupt local interests, since the law has been so altered as to allow private individuals to apply, over the heads of a corrupt or inactive board, to an independent local tribunal. We need not say that we do not speak of the Petty Sessions Court as that independent local tribunal. The author urged some members of the Public Health Committee of the House of Commons, of 1877, to secure to the public the right of direct application to the County Courts. The suggestion was thrown out to meet the case of a complainant being so discouraged by the decision of a possibly partial bench as to be deterred from carrying his case further. Instead of this the Committee recommended an appeal from the Petty to the County Bench, and this has been since incorporated into the present Act. Complainants can now take their cases, after mere formal application, to the last-named court—to the county judge. There are various other points demanding amendment, but as they are less directly connected with the state of the Profession we omit to notice them. No provision has been made for the superannuation of the sanitary staff. This should be included in any new arrangement. The *ex officio* officials may possibly be able to make good a claim.

The English Sanitary Service was organised some couple of years before the Irish one. Medical skill was as completely ignored in its organisation as in that of the Irish Service. Everybody recollects the fierce conflict waged between *The Lancet*, speaking in the name of the Profession, and Mr. Stansfeld. The English Act

made no *ex officio* appointments. Parochial officers were, however, largely appointed. Owing to the absence of the medical element in the initiation and working of the Act, quite a chaotic condition of things resulted. In some Unions, officers—mostly all Poor Law Officers—were appointed over small areas, and at correspondingly small salaries. In others a large number of districts—too large for the attention of any one man—was grouped under a single officer. One capital error that was committed, from which the Irish system is happily free, was the appointment of officers for limited periods. It is inconceivable that any statesman could expect that any official could be found standing up against vested interests who was placed under the necessity of applying to those very interests for re-election in five years' time. We are not of those who think that all the sanitary improvements which are required could be carried out, in the present state of public ignorance, in a year or two under any system of officership. Our concern is with defects, so far as they affect our Profession. The Sanitary Service of England is just as defective as our own. There is the same want of special training, the same collision of medical and sanitary interests, the same paltry inducements to work, and the same absurd number of officers. Our English brethren are, however, somewhat better paid than we. They are, as a set-off to this, still more dependent. Sanitation in England has no Medical Commissioner to give its officers a strengthening hand; and the Medical Inspectorate, on which they might rely for advice and protection, is even more disproportionate to the requirements of the case than with us. Everyone is acquainted with Mr. Simon's pre-eminent abilities; and Mr. Simon has been made to give way, that medicine might be reduced to complete cipherhood in the Councils of Guydyr House. We must have reforms in this Service to proceed on the same lines as those we have indicated for Ireland. We must have officers who will be trained, will be independent, who will be adequately remunerated, who will hold their appointments for life, and who will be selected under a competitive system. There must be also an adequate inspectorial staff. Lastly, the pyramid must be crowned by

a responsible minister for health, himself a skilled member of the Profession, who, untrammelled by Poor Law responsibilities and Poor Law duties, will have time, ability, and knowledge to devote himself exclusively to the direction of the sanitary administration of the kingdom.

No law has as yet been passed to provide for compulsory appointments in the Sanitary Service in Scotland. Some few have been appointed in some of the more populous centres. The name of Dr. Russell, of Glasgow, is well known as that of an eminent sanitary officer both within and without the Profession. Let us hope that when provision shall be made for the public health of Scotland, the errors of our Irish and English systems may be avoided.

No notice of the Profession would be complete which omitted all reference to the Lunacy Service. It affords scope for the energies of many physicians. A large number of them are public servants, being placed in charge of asylums maintained out of the public purse. Many also engage in this sphere of labour as the owners or managers of private institutions. Quite recently an attack, which was unwarrantable because unsustained by facts, was made by *The Lancet* on this latter class. That journal called for the suppression of all those private houses, on the grounds that as it was the interest of their owners to keep their houses filled, so they might neglect their patients in order to keep them as long as possible. This gratuitous charge was put forward on mere abstract grounds, and, we trust, will miss its aim until sustained by something better. The positions of the officers of public asylums are well paid and respectable. We would be glad to see the management of workhouse hospitals and other cognate institutions similarly placed under the supreme control of medical men. There are but a few prizes in this branch of medicine, but the rank and file are proportionately better paid than elsewhere. The public asylums are less utilised for clinical purposes than the requirements of students would demand. This is owing to the fact that no knowledge whatever of alienist medicine is as yet required by the

Licensing Bodies from students. This is to be regretted on a great many grounds. First, on the ground that much can be done for many of those cases, especially if done at once; and secondly, because, owing to the want of sufficiently cheap accommodation in public asylums for persons of limited means, such persons must be left permanently to the care of the ordinary practitioner.

As a large proportion of the insane population are scattered through the various workhouses, and as too many are lodged in the public asylums, a proposal has been started to place all the harmless cases in auxiliary houses connected with workhouses. Another suggestion has been thrown out—that the present asylums should be exclusively used for incurable and harmless cases, and that small buildings, which would admit of more individual care, should be provided for the acute and curable sick. The Irish Local Government Board favours the first proposal, and hopes to accomplish by it three ends:—First, greater care for the curable sick in public asylums; second, similar care for the incurable sick outside asylums; third, accomplishment of both those objects at less expense than enlargement of existing asylums would entail. To sum up. The public lunacy department should be placed under the Local Government Board in each country, and all its appointments given away by merit to deserving officers in the Poor Law Service.

CHAPTER VI.

Pharmacy—Apothecaries—Chemists—The Irish Pharmacy Act—Prescribing and Compounding—Women Pharmacists.

THIS department of the medical calling presents many features of interest. The English Apothecaries' Hall was chartered at an early period for the purpose of turning out skilled compounders. It has long since outgrown its original sphere. The tendency of human nature to ambition higher position caused the English apothecary to inflate himself to the dimensions of a practitioner of medicine. The folly of the English College of Physicians enabled him, in 1815, to legalise and extend his previous pretensions. Our English apothecary became, therefore, a full-grown practitioner. The corresponding company in Ireland has no Act of 1815 to show in sustainment of its pretensions. It nevertheless has contrived to get itself recognised by the Medical Council and by all the public authorities as a medical licensing corporation. We have looked over the original Act of the Irish Parliament in order to discover the title which the Dublin Hall derives under that Act for the assumption of these medical powers. We are bound to say that we have failed to discover the slightest warranty for such an assumption. We are at a loss to understand, therefore, on what grounds such pretensions have been accorded official recognition. In Ireland apothecaries have always encroached on the medical domain. They have thereby inflicted much injury on the fully qualified members of the Profession. They reduce fees, and take away many who would otherwise be clients of physicians or surgeons. They thereby do a great deal of mischief to the public at large. The Irish apothecary receives, it is true, a *quasi*-medical training; but we maintain that it is only a *quasi* one, and one that does not qualify him to play the part of the physician. We are

willing to accord to him fitness for dealing with trifling ailments, but our ambitious apothecary does not stop here. It is in going beyond this point, and undertaking the treatment of important cases, that he does mischief to the public. In large cities he usually confines himself to his proper business—namely, to the compounding of drugs. Yet, even in Dublin, he inflicts a good deal of harm by a large indulgence in what is called a counter practice. Some of the most grievous ailments—such as heart disease, incipient liver disease, and other affections which would demand the highest skill—are every other day treated at one of those Dublin counters. The parties make their way after a time to the regular physician; but the precious time lost by imperfect treatment but too often deprives the physician of half his powers to combat the affection. We would be glad to see a medical tariff among physicians and surgeons which would deprive the counter-prescriber of his great attraction—cheapness—which brings so many well-to-do people to his doors. Legislative interference would be called for to stamp out this kind of unqualified practice. Such would neither be practicable nor necessary in the case of the Irish apothecary. It would not be practicable, because he has now elbowed himself into a position of legal recognition; it would not be necessary, because his illegitimate pretensions have doomed him to extinction. The number of Irish apothecaries has so much diminished for the last thirty years that the final demise of the race may possibly be witnessed within the limits of another generation.

The part, however, which both the Irish and English apothecary have played in the past is now being played—quietly and slyly, for the most part, to be sure, but none the less effectively—by those Bodies whom the absurd pretensions of the former called into existence. We refer to the Pharmaceutical Chemists of both countries. The Chemists obtained a legal status in England by the Act of 1841 and the charter of 1843. They now number some thousands. They are divided into two grades—the higher, that of Pharmaceutical Chemist, and the lower, that of Chemist and Druggist; they have a special School of Pharmacy for their educa-

tion in London; they are most carefully instructed; and, indeed, Pharmacy has been brought by them to a high degree of cultivation. These chemists fill the places that would have been filled by the apothecaries, had not the latter intruded on higher ground. Our modern chemist, however, bids fair to travel over ground identical with that formerly trodden by the adventuresome apothecary. Chemists prescribe behind their counters every other day. Nor is this all. They attend extern cases scarcely less freely. It is true that every chemist does not do this; but the practice is daily obtaining wider dimensions. In England the English Apothecaries Act gives large powers for dealing with the abuse; nevertheless, despite of this Act, English chemists do a large share of practice. The English Hall and many private individuals and societies have instituted frequent prosecutions (that of Shepperly, for instance), and in many of them have succeeded. These, however, have not sufficed to stop the evil, for very much can be done without bringing offenders into actual conflict with the law. The Pharmaceutical Society has already given a practical sanction to these pretensions of its members by actually directing its solicitor to defend a chemist threatened with prosecution, and it last year made efforts to get the Apothecaries Act repealed. This looks as like as anything could to an advance on the part of the chemists along the same road as that taken by their predecessors in compounding. It is true that the chemists and their spokesmen only at present put forward a claim to prescribe in what are called simple cases; but, in this instance, let them but get the inch and the ell would and should follow. The recent determination of the London Apothecaries' Hall not to prosecute for simple prescribing cannot fail to give great impetus to the chemists. It is all-important that such nascent pretensions should be effectively met at the start by practitioners. The whole law with regard to unqualified practice urgently requires revision. In no part does it more need to have its hands strengthened than in that part which defines the duties, powers, and privileges of the *quasi* qualified. The public have greater protection in the case of entirely unqualified persons than they have in those who have some

rubbing to the Profession, as chemists and midwives. The Shepperly case, before alluded to, which occupied so much space in the medical journals, was decided in favour of the chemists. The verdict was, however, arrived at on grounds special to the case itself, and nothing could have been clearer than the opinions of the judges as to the illegality of counter prescribing.

The charges of the chemists for drugs are sometimes very unreasonable. We have an interest in not having them excessive, yet practically we have no effective means of limiting them. A practitioner whose prescriptions may be very numerous, and whose custom therefore may be very valuable, can dictate terms. Such, however, are very rare, and the mass of non-dispensing practitioners must put up with their charges, such as they are. Chemists, too, have been found unfaithful in the compounding of prescriptions, and for this no remedy is provided such as exists for dealing with similar offences when committed by the now old-fashioned apothecaries. We see in all this great reason for regret that the Pharmacy Acts should have been allowed by the Profession to pass in their present shape. No independent organisation should have been allowed to raise its head. Pharmacy is the handmaid of Medicine, and the Pharmacist should have been pinned to the skirts of the Physician. We would, therefore, much prefer to see a Pharmaceutical Society whose rules and government would be subject to the revision of visitors appointed by the Colleges of Physicians. Such a society would be placed in a position of proper dependence, and its members would be promptly pulled up in their efforts to play the part of physicians.

Within the last three years a Pharmacy Act has been introduced into Ireland, and unless our prescience greatly deceive us, Irish practitioners will find themselves confronted, in a few years, with the same intrusion which now assails English ones. The Irish chemist is as perfectly independent as his English brother ; and, in a short time, the Governing Body will be found taking up the same attitude in defence of counter practice as the corresponding Society in England. It will enjoy, however, an advantage which

its brother across the water has not—namely, it will have no Apothecaries Act to confront. In Ireland the druggist or the chemist will have a clear stage and all manner of favour; he will have a clear stage, because there is no law whatever to oppose him; and he will have every kind of favour, because in the nature of things the sympathies of the public at large may be expected to side with and sustain those whom they patronise for cheap advice. We deeply regret, therefore, that there was no statesmanlike view of this subject taken by the leaders of Irish medical opinion when the Act of 1875 was being shaped and passed. It was then fully within the power of such leaders to obtain such permanent authority over the Body to be newly established as would have effectively guarded the interests of the Profession and of the public. All thought of this seems to have been lost sight of. It is true that section 33 of the Act expressly declares that such Act shall not entitle any person registered under it to practise either medicine or surgery. This merely withholds express legal sanction to practise. It in no way forbids such practice; in fact it leaves matters precisely as they were before the Act passed. Your chemist, therefore, is as free as any other unqualified person is to dabble in both medicine and surgery. At the same time he is placed under temptations and enjoys opportunities for acquiring practice such as lie in the way of no ordinary unqualified person. Section 21 prohibits the Council from conducting examinations in any part of medicine or surgery. We fail, however, to see in this section anything like that adequacy of protection which seems to us indispensable, if the Profession is to be saved from the certain encroachments of a new and formidable Apothecaries Hall, such as beyond all doubt this Society will, in the lapse of time, become. The government of the Society is to be carried on by a Council elected, not by all its licentiates, as ought to be the case, but by members who have themselves to be elected by previous members—in plain words, this sixth section creates a close borough after the good old type of the Councils of higher bodies. Now we object to this on two grounds: that it is not self-government; it creates a privileged caste, and will

give rise to the same kind of evils that have been felt elsewhere. No provision appears to be made for the election of such Council, or even for its constituents, by voting papers to be forwarded by post. This will mean the establishment of another Dublin monopoly, and the disfranchisement of another entire provincial body of members. Now what more easy than for this Council, by-and-by, to make some private regulation, or come to some tacit understanding, the Lord Lieutenant notwithstanding, by which attendance at an hospital for six months, or some kind of *quasi*-attendance at a medical school will be required from all parties seeking to become members of the Society. There would be no violation of the Act of Parliament in this, because the Act only makes provision to restrict examinations, but leaves full scope to deal with education. The framers were evidently of that large class who think examinations everything, and previous training nothing. A time will come when the examinational craze will have spent its force, and then previous training will be a little more highly esteemed than now. If at that time there should happen to be a temporary scarcity of the regular faculty—say, during a war—the discovery that the Pharmaceutical Council has been in the habit, through a laudable anxiety for the public welfare, of course, of requiring a medical education from its licentiates would be condoned, and its action would be sanctioned, as a matter of course, by the Privy Council, and it would probably be thanked into the bargain for its public spirit and intelligence.

The members of the Medical Profession would, as usual, look on helplessly, and the Privy Council, from which medical men will, as now, be found entirely excluded, would be only delighted at taking another fling at the doctors. Such is the course which events will, in our opinion, be found to take. Let us hope that we may be found to be false prophets. The proper course would have been what we have before indicated—namely, to have given such adequate supervising power to the Colleges of Physicians or to the Medical Council as would have enabled either of these Bodies to adequately protect medical interests. We now come to another

department of pharmacy. The entire pharmaceutical field is not occupied by the mere apothecary and chemist. Medical men, especially in England, largely engage in the supply and sale of drugs. They do this for the greater part by holding the double qualification of apothecary and surgeon. Some keep regular chemist's shops, where everything is sold that can be found at the shop of the regular chemist. Such persons are generally known as surgeon-chemists. Such a combination is the offshoot of circumstances, and as such it is futile to rail against it. We might wish that retail trading were confined to the trader—*i.e.*, the pure apothecary or chemist. There is obviously some incongruity in a member of a learned profession exchanging cheap wares with the public. We wish it were otherwise; but we are not prepared to go all the lengths with some people as to the desirability of an entire separation between medicine and pharmacy. There are some reasons for having two persons ministering to a given patient instead of one. There will be more care and also more exactness, and consequently less danger of mistake. The drugs will be fresher. There will be an avoidance of the danger that the weary physician might seek to avoid trouble by prescribing what might require the least labour in the making up. Then, again, there is a repulsion between the kinds of labour demanded from the compounder and the prescriber. Neatness, a taste for small manipulatory proceedings, those qualities in fact which lie in the direction of the good cook or housekeeper, are those which pharmacy requires. Every one of these may be least to the taste of the most accomplished prescriber. In large towns a division of labour has advantages of its own. There are many drawbacks, on the other hand, to an entire separation between medicine and pharmacy. In the first instance, the hands of practitioners are not so very full that they can afford to despise the additional gains which the combination yields them. Then, again, the double charge for drugs and advice, the double fee to prescriber and compounder, acts as a powerful deterrent on the public. We have before advocated a small fee as the best for all parties. Such a change would be

rendered unworkable were the patient obliged to pay nearly as large a sum in addition to the compounder. There would also be something utterly absurd in a physician or surgeon travelling some miles to see a patient suffering, say from the agony of a gallstone, merely sitting down and writing a prescription, and leaving his patient writhing in agony until time would be given to have the services of a compounder called into requisition; yet, if that complete separation advocated by some parties were carried out, such an incongruous spectacle as this would be witnessed every other day. A very strong objection to giving up all compounding is to be found in the readiness with which the pure compounders help themselves to prescriptions. A chemist is handed a prescription, the exact uses of which he promptly learns from the patient. Every such prescription he is not competent to utilise, but very many he is. This is very well known to the public, and a knowledge of the fact takes very many fees out of the prescribers' pockets. Then, again, a prescriber has a greater hold on an ungrateful patient if he compound his own prescription than if he part with it to the druggist. In the case of poisonous medicines, unauthorised repetitions of the prescription by the druggist is fraught with danger. Then, also, the patients will acquire the habit of going to the druggist to their own great disadvantage for trifling ailments. The practitioner is also a sufferer, though we verily believe the patient is the greater of the two. Dr. Ashe lays great stress on the question of dignity. We fear that he sees this point through the spectacles of Irish pride. Our own ideal of the *Iatros* is not one who merely directs how suffering is to be relieved, but who actually relieves it himself. So far from agreeing with the view which would disassociate prescribing and compounding, we are decidedly of opinion that where the time of the practitioner allows it both should be combined. We do not propose at the same time that open shops should be kept. We would have the prescribers' own patients alone supplied. We would meet the case of trifling ailments by having the prescribers attend those gratuitously where occurring among their regular clients. This would

have the effect of keeping the latter well together, and of saving them from the malpractice of the druggist. There would remain a large number of the Profession who, from having enough of practice on hands, or from clinical or school engagements, would not undertake the double duty, and their patients would have to be provided for by the pure compounder. Another question now presents itself. It is that of the admission of women as pharmacists. This has been settled since the last Carmichael Essay by their admission. We rejoice at it, for they possess those very qualities which pre-eminently fit them for it. We are not so sure that they will shine in the purely medical firmament, but we are satisfied that they will be a success in this minor sphere. There is nothing required for its training which can shock the innate modesty of the sex; there is nothing to unduly tax their mental powers—nothing to unduly press on those modest purses which are most likely to seek independent employment. The exercise of the calling, moreover, will not make undue demands on the physical strength or peculiar conditions of womankind. We will be glad, therefore, to see a female invasion of this department. This may seem somewhat at variance with our previous advice, that all imperfectly employed practitioners in at least country districts should be both compounders and prescribers. However, it is not really so, for even should our advice happen to be acted on, there still would remain a large field for the employment of the pure druggist, a portion of which is now occupied by the general shopkeeper. It has become the fashion to decry compounding as if it were a disgrace. We hope that views less begotten of metropolitan superciliousness will more largely tincture our ideas in future.

CHAPTER VII.

Coroners—Medical Experts—Post Mortems—Certification of Deaths, &c.

WE now come to another important department in medical labour. We refer to the Medico-legal one. The office of coroner is both old and honourable. It cannot be said to be now as useful as it might be. The system of election has utterly broken down. Local influences not merely predominate, but exclude every consideration of fitness. Great expense is inflicted on candidates for the office. The qualifications required are essentially vicious. Thus a man may be in every way eligible and yet may not possess the £50 freehold required by the law. On the other hand, a very ineligible person may possess this as his solitary claim to the office. No one is really fitted to discharge the duties of the office but a member of our Profession. So many cases have lamentably broken down from want of technical skill in the coroner, that we may hold this as established. The Bravo case ought, in our opinion, to be cited as one of those. It would be unreasonable to find in a layman of the class ordinarily selected for the office that special skill required for its duties. In Ireland an independent farmer is oftenest the person fixed on for the honour. Various attempts have been made to amend the law with regard to the appointment, pay, and duties of this office. Sir John Gray and Mr. Vance introduced a Bill in a late session of Parliament. This proposed to empower coroners to appoint deputies, to abolish the property qualification, and to confine the office to medical men, barristers, attorneys, and justices of a certain standing. It proposed to substitute fixed salaries for fees, to limit the polling to a single day, and to grant superannuation. This Bill did not pass, but obtained a second reading, and was only withdrawn on the distinct promise that Government would introduce one themselves the ensuing year. No Bill on the

subject has become law up to this date, though Government introduced a Bill of their own last session and withdrew it, promising to refer the whole matter to a Select Committee. The present income of coroners must be considered as miserable in the extreme. We think that any new Bill, to be satisfactory, should confine the office to medical men, or to lawyers, with a medical referee. Such a Bill should also exact some special training from its medical coroners and referees. This brings us at once to speak of the defective medico-legal training of most members of the Profession? We do not consider that they ought to be blamed for this. Dr. Graves has some very pertinent remarks on this subject. He declares that no practising physician or surgeon ought to be expected to possess sufficient competence to enter at once upon a delicate investigation of the kind. He stated that though he himself had been a lecturer on the subject he would, if called on to-morrow, refuse, and say he was incompetent for the task. He wound up by declaring that Government should employ a special staff for such purposes. It is no reproach, therefore, to us that we sometimes cut a poor figure in the courts. Ordinary people cannot be expected always to shine in a department where the illustrious Hunter failed. More attention is now paid to this branch of knowledge in the schools and at the examinations—still, so many subjects press on the student's attention that there can be only a very small corner of his mind left for forensic medicine. The principal defects which our medical witnesses at present exhibit arise from want of sufficient modesty, imperfect experience, partiality, and partisanship, use of technical phrases, and ignorance of the law of evidence. Another writer thus sums up his ideas as to the competence of the bulk of our Profession to act the part of experts in law courts. "I hold the bulk of them," says he, "to be disqualified for such a task. They want experience, judgment, logical accuracy, forethought, and all these qualities necessary for a witness in a court of law. It has been, therefore, recommended that the present system of hearing medical witnesses called in the interest of opposite parties should give way to some well-considered

system of impartial reference. Were, in fact, a medical referee or assessor to take the place of the present medical witnesses, we would have less heat, less contrariety, less partiality, and less partisanship. It has also been very properly suggested that oaths should be dispensed with on mere questions of opinion. If our coroners were exclusively selected from the Medical Profession, and if some special examination were required for holding the office, a skilled body of experts would be provided ready for the service of the Crown. There might, to be sure, seem something anomalous in producing an inferior judge as a witness in a superior court; but we see nothing more anomalous in such a course than was the employment of a quarter sessions judge as counsel in a leading case before a superior court. Local burdens will not admit of an adequate salary being paid to such officers. The number of coroners must be diminished and other duties tacked on to them. Various attempts have been made to interfere with the discretion of coroners in holding inquests. Thus Lord Cairns sought to pull up a London coroner for holding what he deemed an unnecessary inquest on the body of Sir Charles Lyell. Lord Cairns laid down that the proper course would be for the coroner to consult the medical adviser in a doubtful case before holding his inquiry. *The Lancet* attacked this dictum, and pointed out that it amounted to an attempt to substitute the irresponsible opinion of one physician for the responsible verdict of twelve men. The coroner very properly has since disregarded the suggestion, and we have not heard of anyone who has adopted it or of any attempt to enforce a similar one. An Irish grand jury also attempted to interfere with the discretion of a coroner, but the then law officers of the Crown (1859) pointed out the illegality of their conduct. The attempt, we should mention, consisted in a direction on the part of the grand jury to the constabulary not to summon the coroner without having first in writing the sanction of a magistrate. We mention those facts from the bearing which they have on medical interests, and in order to urge a reform of the entire system. There is another point, or rather there are two which call for notice. The first is

the necessity for compulsory *post mortems* in every case. Inquests are held every other day which resolve themselves into the merest farces from the want of a *post mortem* examination. It is probable that such compulsion would be unnecessary were all the coroners to be medical men, or were they assisted by skilled referees. They, of course, would know when a *post mortem* would be of use and when not. Still there might be a question of trouble-saving, and a compulsory regulation would therefore have advantages. Quite recently the Irish Medical Association took a retrograde step in connexion with coroners' doctors. Its Council took it into its head to attempt to coerce the Dublin coroner to employ a great many unskilled assistants instead of one skilled one. The case has been practically decided in their favour, we are sorry to say. The second point is—the absolute necessity for the coroner's intervention in the cases of infant and uncertified, or non-medically certified, deaths. Our Profession has not altogether clean hands in this matter, for a large number of certificates are signed in England by medical men who leave the care of the deceased during their lifetime to unqualified assistants. Such assistants, and not the legally qualified men, are the persons who really fill up these tickets, and the signature of the practitioner is merely appended at foot. In the case of infant life there are numbers lost that would be saved under a rigid system of medical certification. All this much concerns the interests and the state of our Profession. It does not concern us the less because it also largely affects the public. We do not doubt that reform in the law for the election, &c., of coroners, and the results that would arise from more frequent inquests, less rare *post mortem*, better trained medico-legal assessors, and more complete certification of infantile and adult deaths, would combinedly tend greatly to the discouragement of unqualified practice; and, consequently to the great advantage both of the Profession and of the public.

CHAPTER VIII.

Medical Associations and Societies.

MEDICAL Associations and Societies are very numerous, and no notice of the Profession would be complete without some remarks devoted to them. The most powerful of all is the British Medical Association. This was founded some forty-six years ago, and has since played a part of ever-growing importance in the life of the Profession. Its chief strength is in England, where it numbers some thousands of members. These belong to all classes of the Profession, but notably to the great rank and file who constitute the great strength of our, as they do of every other, Profession. The Association is largely kept together by the bond of an excellent journal. It has a president, vice-presidents, council, and secretaries. Its great feature, after its journal, is its annual meeting. This is held in different large centres from year to year, and the advantages which it brings in its train are simply immense. We, ourselves, when we beheld the great Simpson and other notabilities in Dublin a few years ago, felt ourselves fired with higher thoughts than those which the mere every-day aspect of our calling had before given us time to indulge in. The social advantages of such a great gathering are large indeed. The professional gains are still larger. Men, by being brought in contact with the great workers of the age, insensibly imbibe some little of the spirit which impelled those great men to labour, and made them what they are. The country physician who is in danger of forgetting the necessity for adding to his stock of information in his efforts to compete for the patronage of the public is here again brought under those healthy influences which spurred him on when a student. Many of the distinguished men present at those meetings offer direct knowledge

to the great gathering. The various sections which are opened for medicine, surgery, &c., offer to the auditors a full exposition of the latest improvements in their respective departments. Distinguished foreigners do not disdain to come over to swell by their contributions the general fund of information. In this way knowledge and the emulation to know more are brought every year in increasing quantity to the very doors of the mass of the Profession. It is no wonder, then, that there should be a universal ambition to improve and elevate the Profession. Men who, under another state of things, would infallibly sink into the lowest depth of ignorance are being constantly furnished with the stimulus to keep out of it. Men who have fallen into it are made to see their humiliation and to ambition something better. A hitherto disorganised crowd has become filled with a conscious feeling of unity. A Profession which was heretofore made up of helpless units has acquired a conscious strength which it never felt before. All this is the result of the annual meetings of this great Association. It is no wonder, then, that it should have given such a powerful impetus to medical reform. It helped in the most material degree to inaugurate the present onward movement. It is one of the leading forces which has compelled the Medical Council to do whatever little it has done. It was largely instrumental in calling it into existence. It no doubt desired a better Council; but we have already expressed our conviction that even any Council is better than none. When the necessary reform shall have been carried and self-government substituted for the present oligarchical *régime*, the historian of that momentous change will ascribe the largest share in its production to the action and the influence of this great Association. Last year it vindicated the proprieties of life by taking prompt steps to exclude women from the membership of the Association. In its purely scientific aspect we should not forget to add that it is also found doing good work. Every year it gives from resources which are not extravagantly abundant grants to promote scientific research. It were to be wished that such grants were more liberal; but, as we have said, more cannot be afforded.

Let us now look to another Association—

The Irish Medical Association plays a less important, but still a useful part. It concerns itself principally with the affairs of the Poor Law Service. As these, however, form a moiety of the entire Profession in Ireland, it will be easy to understand how important is the part which it plays. It has, on more than one occasion, rendered important service to Poor Law Officers. It sustained the Crumley case with its own funds—a case which we have before indicated as one of the most important to medical men that ever occurred in Ireland. It secured an increase in the sessions fees payable to Irish practitioners. In many other ways, too numerous to mention, it has conferred important services on the Poor Law branch of the Profession. We trust it will never degenerate into a mere grievance-monger; once it does, its day of usefulness will be passed. We hope also that it may be found never forgetting that workhouse as well as dispensary officers have equal claims on its attention. The dispensary men are, no doubt, more numerous, and on that account probably more influential. Human nature is, however, so weak that the desire to cater for the more influential party may possibly—though, it may be, unconsciously—seize on the active spirits of this Association. It does not, like its English sister, devote any portion of its funds to pure science, and it does not interfere, at least in any marked way, with General Medical Politics. It, in fact, goes in for the special interests of a special branch, though it has interfered in other departments of an odd time, and to those interests it does good service.

There are various Medical Societies in different parts of the three kingdoms, each having special objects in view. All of these play in the aggregate an immense part in the every-day life of the Profession. Most of these devote themselves to the advancement of medical science, some of them to the collateral sciences, while others of them again employ their energies on benevolent purposes. The chief Scientific Societies in London are—the Clinical, the Medical, the Pathological, Obstetrical, Medico-Chirurgical, Epidemiological, Harveian, Medico-Psychological, and Microscopical.

These devote themselves to the departments whose names they respectively bear. They afford no little stimulus to medical workers, and give capable men opportunities both of advancing science and of submitting their respective professional claims to the judgment of a skilled auditory. So far merit is afforded an opportunity of correcting the ignorant estimate which chance may form of it in the outside world. This is a service which is only second to that which these Societies confer on science itself. The honour of obtaining office in some of these Societies is esteemed very high. We have just two faults to find, and one suggestion to make. One fault is that a sufficiently careful selection of papers and subjects is not always made. It is, in fact, too easy to procure admittance for a paper. Were all papers rigidly excluded, save those of real merit, the mere fact of having read a paper before one of these Societies would in itself be a high honour, and, as the fact would be sure to become known to the public, would go far towards supplying its author with a corrective for, it might be, previous misappreciation by the same public. This would supply an immense stimulus to the industrious, and would bring proportionate gain to science. The other fault which we have to find is that these Societies do not suggest paths and subjects for research to the mass of the Profession. There are very many—and the very many we believe to be the vast majority—who would be capable of collecting facts and of helping to work out subjects if the tracks and grooves were marked out for them, but who, without the assistance of direction as well as of initiation, are now mere drones in the hive. Good soldiers they are, and under proper direction both could and would achieve great things. There is ever so much clinical wealth running to utter waste which such a course of action would save from loss. In addition to the purely Scientific Societies there is a number of others which render service to the Profession. There is the English Poor Law Medical Officers' Association. The well-known Dr. Lush presided over this, while the indefatigable Dr. Rogers was, and is, its most active spirit. Its objects are somewhat similar to those of its Irish sister, and it has done

many a brave battle to promote the interests of English Poor Law men.

The medical teachers of London and the medical officers of health have each an association, and each has rendered important medical service. The British Medical Benevolent Fund expends close on £2,000 a year in annuities to distressed members of the Profession, their widows and orphans, and in making temporary grants to relieve urgent distress. There are provided six cottages for aged or disabled members of the English College of Surgeons or their widows. These are the gift of Mr. Bailey. The cottages are given to annuitants, who receive not less than £10 a year from the Benevolent Fund. There is also the Royal Medical Benevolent College. This was established to provide an asylum for reduced medical men and their widows, and a school for their sons. The asylum contains room for over twenty residents, each of whom receives £21 per year and coals. There are pensioners who receive the same amount, but without residence. Some conditions are annexed, but they scarcely demand notice here. The school contains over 200 pupils; 50 of these are educated, clothed, &c., free; others of them are educated at reduced rates, while a maximum charge of £45 is made on the rest. One other important London Medical Society remains. This is the Society for the Relief of Widows and Orphans, Berner's-street. This is the oldest of them all. It was founded so early as 1788. It unites the advantages of a provident with those of a benevolent Society. A payment of two guineas a year secures the families of subscribers from destitution. It acts as a benevolent Society, as it relieves the indigent members and families of the Profession, whether these have subscribed or not. Close on £3,000 are sometimes distributed in a single year to the widows and orphans. The Society is managed by a president, vice-president, treasurers, and directors, all of whose services are gratuitous. The great drawback of this Society is that it is confined to those living within the London post district. It is greatly to be desired that its operations and its membership should be made to cover a much wider area. There are many

Medical Societies in the country. They might, as in the case of the London ones, be divided into those purely medical, those which have benevolent ends in view, those connected with the collateral sciences, and those which are medico-ethical or medico-political in their nature. The medico-political are made up of various local branches of the great British Medical Association. These do not confine themselves, however, to medical politics exclusively, but also devote themselves to the cultivation of medical science. The medico-ethical—of which that of Manchester is the best known—devote much time to the purely ethical relations of the Profession. It would be so tedious as to be out of place in this Essay to mention even the bare names, objects, &c., of these various Associations. Let it suffice that they play an important part in the every-day life of the Profession. Those of most merit are, as we might expect, situated in the great centres of population; yet it is even surprising the respectable Societies which are to be found in comparatively small localities. Passing an impartial judgment on the aggregate work of these various Societies, we must honestly confess that they do not render that amount of solid service to medical science which might be expected from the numbers, the abilities, the training, and the opportunities of those constituting their members. Many causes contribute to this result. The struggle for existence is so keen in our rank and file—aye, and in all our ranks—that men are so engrossed with it as to have but little mental energies left to devote to higher purposes. Professional jealousies, too, operate more largely in limiting the field of independent criticism in the provinces than in London. The stimulus, therefore, to work operates less keenly in small places than in great centres. Talented men, too, have very much less of unemployed time—as they must take at once to general practice—than those in London. In the latter place this talent is content to wait, for there is a field worth waiting for, and besides it must wait, and during this process of waiting it flings itself with all its soul into this medical forum which is made up of the great London Societies. Perhaps, also, there is somewhat less—we are not prepared to admit that there is much less—

relative talent among those provincial Societies than is to be found at the service of metropolitan ones. For all these, and we suppose other reasons, there is much less proportionate work done among all those Societies than amongst the London ones. Scotland, too, has her numerous societies. They are chiefly confined to the great population centres, Edinburgh, Glasgow, and Aberdeen being fairly supplied with them. Ireland, in addition to its Irish Medical Association, contains many other important Societies. Local branches of the British Medical are to be found in Dublin and Cork. The most notable, indeed the only notable, Societies exist in Dublin. The Medical, Surgical, Pathological, and Obstetrical Societies of that city take a prominent part in the advancement of medical science. The most fruitful of all these is, perhaps, the Pathological, the benefits of which are not confined to practitioners, but are extended also to students. Cork and Belfast have their Societies; but considering the fact that they are university as well as population centres, their Societies are anything but creditable to both towns. Drogheda and one or two other small places have Medical Societies, but they are scarcely deserving of notice.

All that we have said of English Societies applies with still more force to our Irish ones. The part which the latter play is much less significant than it might be. We believe that large changes in the method of conducting business are needed, and that those Societies might contribute under such a revised system of work very material help indeed to the encouragement of labour, and the consequent advancement of science. We were near forgetting to mention that Ireland also has her Royal Medical Benevolent Fund Society. The honour of its foundation is due to a provincial physician—the late Dr. W. Kingsley, of Roscrea. It has conferred immense benefits on many of our distressed members and on their families. The late Richard Carmichael left a munificent bequest to this Society. Dr. Robert M'Donnell, of Dublin, hands over to it every year the pension which Government was obliged to award him after having dismissed him from an appointment for nobly preferring his duty to those under his charge to his own personal interest.

CHAPTER IX.

Our Medical Journals.

No notice of the state of our Profession would be complete which omitted all reference to its journals. These are to our Profession some of her chief instruments of good. They are almost her eyes, her hands, her soul itself. They have contributed more to its advancement and to the benefit of humanity than almost any instrument of progress that we could name. In the three kingdoms there are to be found many entitled to rank with the first medical productions in the world. They are published weekly, fortnightly, monthly, quarterly, half-yearly, and annually. It would be invidious to pick out particular journals for praise. Here, however, as in every other department, some are and must be greater than the rest. It would be difficult to measure exactly the part which they have played in bringing about the present state of advancement. The influence of the press materially helped to give life to many of the demands of the British Medical Association and of the Profession. We should not now have even our present simulacrum of a Medical Parliament were it not for the press. Every step of advancement that has been made for the last forty years has owed something to the same press. Forty years ago all the great centres of medical practice, such as the London hospitals, were shut books to practitioners at large. The treatment which was employed, the diagnosis made, and the discoveries hit upon were all mysteries to the outside world. A few surgeons possessed and kept a monopoly of all the science and skill of the Profession. Suddenly *The Lancet* burst open the doors of monopoly and secrecy, and gave to the world at large the full benefit of all that was going on inside and that had been heretofore

shrouded in mystery. The full publication of hospital cases marked the commencement of a new era. The greatest stimulus to work, the greatest corrective of the too frequent injustice of the lay public, and the greatest aid to knowledge are all to be found in those hospital reports. The limits of the usefulness of the press do not, however, stop here. The leading lights of the Profession are afforded by it a field for ventilating those various theories which, if not always valuable in themselves, are at least useful for enabling us to make another step in the ascent to higher knowledge. The numerous addresses, lectures and reviews, each in its turn gives a helping hand to the science or its members. In the leading articles of some of the most eminent of these journals, no subject which affects our interests or those of the public is too alien for influential discussion. We might enumerate quite a catalogue of subjects of great public moment which have received the most important help from those organs. Within the last few years our soldiers make war under so much better sanitary regulations that more lives are saved than are actually lost by the increased destructiveness of modern war appliances. The State has to thank us for this; but without the aid of our journals we never could have spoken loud enough to be heard. The condition of the poor has been considerably ameliorated in workhouses. They have to thank our journals largely for it. Many causes—most of them of a preventable and many of them of a criminal nature—have done to death a large portion of the infant population of the country. Here, again, they have done something, though not all that is needed, to lessen the slaughter of the innocents. In medico-legal cases no little assistance has been rendered by them to public justice, and no few lives saved from judicial injustice. Within a few years a completely organised machinery has been established for lessening the number of preventable deaths, and adding to the health and longevity of the whole population. The public is indebted to us for this, but without our press we should have entirely failed to force it on a public unwilling to be served. The same press acts as a vehicle of exchange, exporting the native ore, and

bringing back to us the riches of foreign thought and foreign work. By them every new discovery in therapeutics, every addition to our means of diagnosis is ushered into light, and subjected to careful criticism. The material improvements effected in the housing and the treatment of lunatics would, like everything else, have most likely remained unaccomplished but for the same engine. The *esprit de corps* of the Profession owes them not a little. Many an offender against ethics and propriety is shamed by them into the abandonment of his sins. Many more, influenced by natural weakness, or driven headlong by the high pressure of the modern struggle for existence, would be found lapsing but for the same. In fine, on whatever side we look, to whatever department we turn, there do we find proofs of the effects wrought by these cunning voices amongst us. Great, however, as have been their services in the past, we may well look forward to still greater services in the future, when the medical masses shall be enabled, by the diffusion of a higher education, to contribute their share to still further enrich their pages.

CHAPTER X.

The General Practitioner.

WHATEVER may be said of the fashionable physician, who takes up his abode in the neighbourhood of Brook-street or Cavendish-square, the general practitioners are entrusted with a larger share of critical work than falls to the lot of your fashionable member of the craft. In large towns, to be sure, the assistance of the consultant is sought for in a large percentage of better-class cases. Even in such towns, however, it is surprising to think how large is the proportion of cases left entirely in their charge. In the pure country they are almost the exclusive attendants on every one, rich and poor. The lord who calls in the great gun, whether medical or surgical, is, while in the country, almost entirely at the mercy of general practitioners. True, in the lord's case, and in those of analogous wealthy classes, the telegraph and the train bring down the great London or Dublin authority to supplement their advice at a moment's notice. Nevertheless, the great brunt of attendance and treatment is borne by them. It is all very well as long as people can make for London or Dublin, but a time comes when difficulties far greater than those which either Dublin or London folk have to contend with assail patients, and then the greatest lord no less than his meanest tenant lies completely at the mercy of the skill and ability of the smallest village practitioner. It is saddening to think what vast stores of clinical treasure are every day within the grasp of such men, and yet are permitted by them to run to utter waste and be lost for ever to science. We need not say much more about the importance of the work done by those who are styled general practitioners. Dr. Mapother, in his Carmichael Essay, briefly refers to this class. Nevertheless, so many

changes have since then occurred in many of the fields cultivated by them that we do not fear to be accused of plagiarism by again introducing them to the readers of another Carmichael Essay. In a former page we discussed the advantage to be derived by the public from a general adoption of the small fee system. These small fees are the rule in England with all save consultants. The general practitioners accept them, and supply in most instances drugs also. These are usually specially charged for, and it has been made a matter of accusation against the prescribers that the bottles, pills, and powders are sufficiently numerous to raise the suspicion of their being prescribed for personal gain. Dr. Ashe proposed, with a view of obviating the trade appearances, &c., suggested by this dosing system, that the practice of supplying medicines or of charging for them should be abandoned, and a new tariff of fees adopted. The suggestion is one which seems already to have been adopted in Liverpool, where we are to assume circumstances are such as to favour its introduction.

The general practitioner takes charge of the various clubs, provident societies, benefit societies, the poor law and sanitary posts, admiralty, factory, and similar appointments. The importance of the club system may be guessed at from the fact that one single body—namely, the affiliated Orders of Oddfellows and Foresters, pay a sum to their medical officers which is twice as great as that paid in direct salaries to the entire Poor Law Medical Staff in Ireland. The average yearly payment from each member to the doctor used to be only about three shillings for the head of a family. Great efforts have been and are being made to increase this, and it may be now set down at five. A capital method was adopted at the suggestion of Dr. Moncton for facilitating the efforts of officers striving for an increase of salary. A column was opened in a leading medical organ for the insertion in tabular form of a list of those clubs which had raised their tariff to five shillings per annum. This enabled other officers to exhibit this to their clubs, and so help to influence them to grant an advance. The increases were accordingly obtained in a large percentage of cases. Four shillings

are usually allowed by most of those clubs for the wife, and a shilling for each child up to five. Special fees are charged for midwifery, and there is usually an extra fee for operations, fractures, &c. Some of those clubs may be fairly accorded a special notice. Thus the county of Suffolk has the credit of having established a county medical club which has had a great success. It extends its principal operations to agricultural labourers, maid-servants, and persons below the class of mechanics. The first of those provident clubs was established at a place called Eye. The club is managed by stewards chosen in each parish. In the county club the steward communicates through a secretary appointed in every Union district with a governing committee which sits at Ipswich. Persons earning over a pound a week are excluded. It is proposed to make the club self-supporting, with the exception of cost of management, extra payment for confinements, and extra charges for accidents. So far this county club has done well. In some instances the Poor Law Guardians have actually founded the local branches, and undertaken the management of them with the result of reducing the rates. Subscriptions are liberally contributed to supply the cost of management and extra payments. There are many inconveniences attending the club system. Medical men look on them and on the relations between themselves and their members as having too much of a strictly trade character about them. The members look out for having their money's worth out of the doctors. They consequently consult them on the most trivial occasions. They hunt them up night and day, and require them to supply them without stint with the most expensive drugs in and out of season. They are quite ready to make charges against them to the governing body if the doctors fail to meet the most unreasonable of their requirements. The doctors are often suspected and not seldom accused of regulating their attention to individual cases less by the wants than by the payments of the patients. This system is accused also of hindering the development of those feelings of mutual obligation which are usually the outcome of the relations between patient and doctor. The Hon.

Mr. Best has established a medical club on the provident principle which is free from those objections. One of these, the Surrey Hospital Friendly Society, has drawn up an arrangement by which special fees instead of an annual fixed sum are paid to the medical attendants. It is worth while here to mention the scale of payment:—

In medical cases—Visit with medicine for two days, 2s. 6d. If beyond three miles, 6d. per mile extra. Members entitled to over 2s. daily sick pay, 6d. per visit extra. Attendance at surgery and medicine, 1s. 6d. Fresh supply of medicine for two days, 1s. In surgical cases—Compound fracture of the thigh, compound fracture or compound dislocation of the leg, amputation of leg, arm, foot, or hand, or the operation for strangulated hernia, £5; treatment of simple fractures, or of simple dislocation of the thigh or leg, £3; removal of cancerous or other tumours of some magnitude, £3; treatment of dislocations or fractures of the arm, £1; fractures of clavicle or ribs, £1; dislocations of lower jaw, amputation of fingers or toes, or removal of small tumours, 10s. 6d.; passing catheter, 2s. 6d.; if at patient's home 2s. 6d. extra. No amputation or important operation to take place (if time permit) without a consultation with another medical officer, whose fee shall be £1. The rates in surgical cases to include all kinds of appliances, apparatus, splints, and medicine, as well as attendance for one month, and if the patient dies within 36 hours from time of treatment the charge to be reduced one-half. Members are at liberty to send for any medical practitioner approved by the County Board and accepting the scale of fees; but unless the nearest medical practitioner is employed the extra mileage must be paid by the member out of his or her own private deposit.

The fees paid by this Society are paid out of a common fund. Every member contributes a fixed sum. The whole of the fees do not, however, come out of this common fund, but out of a private fund also lodged to the credit of each individual. A man pays, say, five shillings per annum to the Society. Three of these are put into the common fund, and two are credited to his private

account, to be drawn on only in the event of the depositor requiring medical attendance during the year. The man, let us say, gets sick; he sends for any practitioner that is willing to attend him, and gives him a ticket in lieu of the fee. The doctor gets paid by the Society, and the sum paid him comes partly out of the common fund, partly out of the private deposit of the patient. Say the doctor has visited the patient at his house; he is paid 2s. 6d. for this; three-fourths of this is paid from the common fund, one-fourth from the private fund. This arrangement tends to check unnecessary demands on the doctor's time. The workman is, under this system, allowed a choice of medical men, and he is not tied to any particular locality. This system has been generally adopted in many parts of England, and its universal extension cannot be too warmly recommended. The question of the universal adoption of provident dispensaries at this moment agitates the Profession and the lay public in a very marked manner. It is no part of our business here to enter into a history of the attempts at out-patient reform, and of the efforts made at Manchester and elsewhere to meet the difficulties of the situation by the establishment of a complete network of such institutions; some of them have entirely failed, some have had partial success, while to others a complete triumph has been accorded. Medical men are not, however, entirely unanimous in their approval of them, and the numbers who are dissatisfied increase every day. Their chief reason seems to be a conviction that they take more in one direction from the general practitioner than they give him in another. They seem to think that many who now pay larger fees than could be charged them in a Provident Society would drop into the ranks of the latter, and that very many also of those receiving gratuitous relief from hospitals pay even now for casual advice more than they would have to pay altogether to the Provident Society for advice and assistance the whole year round. The principle, however, is admittedly just, and let us hope that some way may be found by which the general practitioner shall cease to be plundered by so many hospitals and cognate institutions.

CHAPTER XI.

The Army Medical Service.

THE Army Medical Service is one of the most important in the Profession. Close on a quarter million pounds sterling are spent on it each year. It is governed by a Surgeon-General. Three Deputy Surgeons-General assist him. One of these takes charge of the Sanitary Department, another of the Medical Branch, while the third is committed to the Statistical Branch. The Army Department is provided with a School at Netley, which is replete with every provision for the instruction of its young medical officers. This is governed by a Senate, the head of which is the Surgeon-General for the time being. There are Professors for Military Surgery, Military Medicine, Military Hygiene, Pathology, and Naval Hygiene. Two Assistant-Professors—the one for Surgery, and the other for Medicine—are also appointed. There is also a second Professor for Pathology. The Service consists of the following ranks:—Surgeon-General, Deputy Surgeon-General, Surgeon-Major, and Surgeon. The first-named takes rank as Major-General from the date of commission. The second ranks as Colonel from same date. The Surgeon-Major has the rank of Major, but junior of the latter rank, and that of Lieutenant-Colonel after twenty years' service. The Surgeon ranks as Captain, but as Lieutenant only during probation. It is not necessary to give here the different rates of pay for each of those ranks. Surgeons become Surgeon-Major at the end of twelve years' service. They may, however, be promoted for distinguished service without reference to seniority. Promotions to the higher ranks are made by the Commander-in-Chief on the principle of selection. Pro-

vision is made for an honorary step after twenty-five years' service. A few good-service pensions are provided, subject to the regulations of the Secretary of State. Medical officers can retire on gratuities after 10, 15, or 18 years' service, and on pensions after 20, 25, and 30 years' service. Compulsory retirement is provided for the two lower grades at 55 years, and for the two higher at 60, unless where it may be conclusively shown that the public interests would suffer. Half-pay officers may be employed, under very special circumstances, by the Secretary of State, and receive pay for same. There is a special department for the West Coast of Africa. Each year's service here counts double towards retirement, but not towards increased pay. Double pay is allowed. Each year on the Coast confers the right to spend another at home. They must spend three years' service altogether on the Coast, unless prevented by ill health. In order to a proper understanding of the present position of the Army Service, it is necessary that we should make a short *résumé* of its past history. In no other way can we obtain a clear view of its present position. The modern history of the Service may be said to date from the year 1859. The Army Warrant of that date, which followed immediately on Mr. Herbert's Commission, revolutionised the entire department. It increased the rates of pay and half-pay, conferred higher relative ranks, bringing with it increased allowances and widows' pensions. It provided for promotion to the position of Surgeon-Major after twenty years' service, and irrespective of vacancies. It introduced promotion in the executive ranks by seniority in the Service, and not—as before existed, and as was most unjust—by seniority on the station. It did away with the unjust system of deferred pay in certain cases of promotion. It established the principle of the right of medical officers to equal honours with combatant officers of the same rank. Furthermore, it granted good-service pensions and honorary Court appointments. This Warrant further introduced the competitive system, the requirement of the double qualification, the examination of Assistant-Surgeons prior to promotion, the establishment of the system of selection for the

higher ranks, and the compulsory retirement of executive and administrative officers. This Warrant gave great satisfaction. Very soon, however, it was tampered with by the Commander-in-Chief, and equality in honours, previously secured to the medical officers, was withdrawn. In May, 1863, a Warrant was issued which took away the right to preside at different Courts and Committees. Discontent now soon showed itself, and representations were made in the House and elsewhere. All this led to another Warrant in 1867. The pay was now again increased, and the right to retire at twenty years allowed. At this period a fair share of the higher ranks in India was secured to the home officers. This concession was coupled with the very reasonable condition that three years should be previously spent in India in the lower ranks. After some time—thanks, as it is supposed, to some further tampering on the part of high officials—promotion by selection to the higher posts fell into desuetude, and that by seniority was adopted. Another Royal Warrant was issued in 1873, but the changes effected by it were merely titular, with one exception. Forage, which had been previously allowed according to relative rank, was now cut off, save for such horses as were actually required for duty. In April, 1876, another Warrant came out; under it the superior officers were made to retire at sixty. Surgeons were promoted at the end of twelve years, and a limited system of service, save as regards six per cent., was introduced for the entire body of Surgeons. This Warrant led to a memorandum which relieved medical officers from mess and band fees. Several grievances were still complained of. Men who aspired to the highest ranks made a grievance out of the three years' residence in India. In our opinion they do so most unjustly. It seems most unreasonable that an officer should be sent out to India in high position to lord it over those who, unlike himself, have filled the lower offices there. Any other arrangement would necessitate the complete division of the two Services, and the consequent loss of those valuable appointments to the members of the home army. Men also complained—and many of them still complain—of regimental appointments, with

their attendant enjoyments and association. This, however, was the necessary accompaniment of the introduction of the unification principle. Military necessity demanded the introduction of the latter, and no man has a right to complain of any inconveniences that are inseparable from it. Medical officers have no right to expect that two or three should be kept to do the work of one, as was the result of the former system. It must be admitted, however, that they were turned adrift too quickly from their regiments. A less sudden change would have been more desirable. The abolition of the regimental system was called for by the necessity which existed for unifying that of the hospitals. It conduced, as we have just remarked, to economy. It distributed equally the *agremens* and *disagremens* of the Service among all, instead of confining the latter to the unfortunate staff-surgeons, who, under the old system, were bandied about from post to pillar, while their more lucky regimental fellows enjoyed all the social sweets of fixation. Under the new system the entire medical corps are placed under the immediate direction of the Surgeon-General, instead of the mere staff as heretofore. The change further gave the entire Body more of the appearance of a separate scientific corps, and also gave its various members opportunities for acquiring hospital experience, as well as of intercommunication with one another, such as could not be formerly enjoyed. It likewise secured them completer control over medical matters. Lastly, it secured to all parties a fairer distribution of foreign service, as well as of foreign appointments. It certainly deprived the officers of some social advantages, but agreeable gentlemen will still be able to work themselves into many of these, and we can only say that there must be a loss as well as a profit side in the accounts of army doctors as well as in those of the rest of the world. At all events the matter is now settled, and there is no use in further grumbling. The medical officers complained that they did not get enough of sick and other leave, and, until lately, they had also to complain that exchanges were not allowed. These were legitimate grievances. The grumbling about the withdrawal of the forage allowance is, to our mind, as undignified

as it is unfair. We fail to see what right any officer has to keep at the public expense more horses than are actually required for duty. This Warrant was in many respects a tentative one. Among other gains a step in promotion was secured to the administrative ranks, while certain clerical duties, which were a grievous burthen, were entirely transferred to the Army Medical Corps. The entire government of the military hospitals and of the Army Medical Corps has been since transferred to the surgeons, thus removing a very great obstacle to efficiency. It must be admitted that five shillings a day to the young officer is too small an allowance during his Netley course. The arrangement made for allowing only six months' compensation to those who may serve less than five years, and may be broken down by ill-health, is unjust. It is a grievance that the Commander-in-Chief, and not the Surgeon-General, should have in his hands the nominations to the higher posts. The promotion for distinguished services to the State is unfair. Other grievances are also enumerated; these are— inferior quarters for the medical officers, passing over the medical service in the distribution of crosses and orders, disproportionate civil employments in India, and exclusion from cadetship nominations of the sons of medical officers. No service has been more discontented. The frequent cancellings of Royal Warrants, and tampering with their provisions by high officials, seem to have shaken the confidence of the entire medical staff. The existing arrangement by which surgeons must retire at the end of ten years, unless specially selected for further service, was a measure so revolutionary that it left the entire army system in a state of doubt and trial. The army medical ranks remained unfilled; complaints only grew louder; each year saw the number of candidates diminish, and the perplexity of the War Office increase. At length Lord Cranbrook appointed a Committee to inquire into the causes of the dissatisfaction and falling off in the service. This consisted of Mr. Thomson, Sir W. Muir, and of Mr. Robinson. The Committee, after careful inquiry and consideration, sent in their report in September.

The following is a summary of the Committee's recommendations:—

1. That retirement be optional. Surgeons and Surgeon-Majors—

After 10 years' service, on a gratuity of £1,250

" 15 " " £1,800

" 18 " " £2,500

" 20 " pension of £1 a day.

" 25 " " £1 2s. 6d. a day.

" 30 " " £1 5s. a day.

2. That horses be maintained at the large stations by the Army Service Corps for the use of officers requiring to be temporarily mounted.

3. That a medical officer placed in barracks be allowed a distinct "medical officer's quarter."

4. That it be considered whether it is necessary to have so many resident medical officers.

5. That in case of sickness a medical officer may be allowed, if necessary, leave on full pay up to one year for the recovery of his health.

6. That pay in case of wounds or ill-health be governed by the rules applicable to combatant officers.

7. That the question be considered of giving a new title to the Medical Department.

8. That the Army Departments have no precedence *inter se*, but be arranged alphabetically.

9. That honours and good-service rewards be bestowed on the scale applicable to combatants.

10. That the Honorary Physicians and Honorary Surgeons to the Queen have letters Q.H.P. and Q.H.S. appended to their names in the seniority list.

11. That the names of the Queen's Honorary Physicians and Surgeons be printed in the Army List after those of Her Majesty's Aides-de-camp.

12. That appointment as Honorary Surgeon or Physician raise

an officer, *ipso facto*, to the rank (supernumerary) of Surgeon-General.

13. That Surgeon-Majors rank with Lieutenant-Colonels according to the date of completing twenty years' service.

14. That Surgeons rank as Captains, probationers as Lieutenants.

15. That principal medical officers be instructed to make the best arrangements practicable for relieving senior executive officers from the mere routine duties.

16. That at certain large stations Medical Institutes be formed.

17. That the conditions of Indian Service for the rank of Deputy Surgeon-General be promulgated.

18. That for all new entries retirement after ten years be made optional instead of compulsory.

19. That officers who joined under the "ten years' rule," if allowed to come under the new system, retain their £250 a year; but in case of subsequent retirement on gratuities, be only eligible for sums less by £250 than those shown in recommendation No. 1.

20. That one-half of the vacancies be filled up without examination, but subject to the approval of the Director-General, and by registered Surgeons, nominated and vouched by the Medical Schools of Great Britain, Canada, and Australia in rotation.

21. That one-half of the vacancies be filled by half-yearly competitive examinations in advanced practical subjects.

22. That the probationers be sent to some large station for practical instruction, until the Netley course begins.

23. That probationers rank as Lieutenants, and have pay at 8s. a day.

24. That the maximum age for admission as probationer be reduced to twenty-eight.

25. That an executive rank of fifty Brigade Surgeons be interpolated between the Deputy Surgeons-General and the Surgeons-Major.

26. That promotion to Brigade Surgeon be by selection.

27. That Deputy Surgeons-General be selected from Brigade Surgeons.

28. That the rates of pay and retirement be as follows:—

—	Daily Pay	Yearly Pay	Estimated Pay and Allowances	Non-effective Pay	
				Daily	Yearly
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Surgeon, on appointment -	—	200 0 0	291 5 0	—	—
„ after 5 years -	—	250 0 0	341 5 0	—	—
„ after 10 years -	0 15 0	273 15 0	365 0 0	—	—
Surg.-Maj., on appointment (at 12 years' service)	1 0 0	365 0 0	483 12 6	—	—
„ after 15 years -	1 2 6	410 12 6	529 5 0	—	—
„ after 20 years -	1 5 0	456 5 0	584 0 0	1 0 0	365 0 0
„ after 25 years -	1 7 6	501 17 6	629 12 6	1 2 6	410 12 6
„ after 30 years -	—	—	—	1 5 0	456 5 0
Brig. Surg., on appointment	1 10 0	547 10 0	675 5 0	1 7 6	501 17 6
„ after 5 years in rank	1 13 0	602 5 0	730 0 0	1 10 0	547 10 0
Deputy Surgeon-General -	2 0 0	730 0 0	876 0 0	1 15 0	638 15 0
Surgeon-General -	3 0 0	1,095 0 0	1,368 15 0	2 0 0	730 0 0

29. That all medical officers retiring before the age of fifty-five be liable, until that age, to be called upon to serve in time of declared national emergency; that their names be retained meanwhile in italics, and that they be allowed to wear their uniform.

30. That the number of the executive ranks be gradually reduced to 796 Surgeons-Major and Surgeons.

Exception has been taken to three points in the above recommendations. The first objection has reference to the disproportionate increase in the pay of Surgeons-General. The second, to that miserable question of forage before referred to. We think both these objections unreasonable. Far different, however, is the view we take of the exception taken in every intelligent quarter to the proposed partial abolition of the entrance competitive system. We look upon this as a most retrograde step, and trust that it will

receive the united opposition of every friend of progress. We are willing to admit that there could have been no real competition while the vacancies were in excess of the number of candidates, and that until numbers were first supplied "quality" should be put out of sight. We think that the competitive system might be suspended until the number of candidates would be in excess of the number of vacancies, but that then it should be resumed once more in its integrity. The notion that certificates of the heads of schools would insure as good "tests" of efficiency as any pass examination, is too amusing to demand serious notice. Those who will recollect the testimonialising tendencies of some of those same heads may well indeed laugh at the innocence of the War Committee. The publication of the above report led to a recriminatory correspondence between the War Committee and the Netley examiners. The former alleged that the examinations had, by an excessive minuteness, deterred candidates from coming forward, and quoted in support the opinions of two school professors. The examiners denied that their examinations were improperly minute, or that these had anything to say to preventing men coming forward, and they threw the blame on the various grievances we have before enumerated. The truth lies here, as in most other cases, midway between the two extremes. The examinations do not appear to us to have been unjustifiably minute, but that they did act as a deterrent we have no doubt. It was, however, the fag end they deterred. The conditions of the Service alone deterred the good men of each school. We hold, therefore, that until the causes which deterred the cream of the schools have been removed, and for time sufficient to allow the examinational system a further and fair trial, no change whatever should be made in it. The medical public expected that a new Warrant embodying the recommendations of this report would have been issued soon after the appearance of the latter. In this, however, we have been all disappointed. Colonel Stanley, in his speech on the War Estimates, even leads us to think that we shall not have a new Warrant for months to come. It is not at all clear from that speech how far the new Warrant may coincide

with the Committee's recommendations. The War Minister announced in that same speech his intention to give a trial to a partial return to a *quasi* regimental system, for he proposes to try whether certain of the station hospitals could not be taken up by officers attached to regiments, and "whether it would be possible to attach for two or three years officers who, whilst moving about with regiments, could assist in performing general hospital duties at the stations wherever they might find themselves quartered." It is clear from this speech that some further consideration is to be bestowed on the Committee's recommendation to semi-abolish the competitive system before the patronage system shall be re-introduced by Government. It is clear, however, that after a few months a new Warrant will be issued, which will remove all the reasonable grievances of army medical officers, and place them in a position to be most envied by their civic brethren.

Let us hope that, with such increased prospects before the young medical officers, and now that they are somewhat removed from the dissipating influences of regimental life, that they may think more about science and less about regimental amenities, and do something more in the future for medicine than they most certainly have done in the past. No one can read an army medical report, or observe the stray corners of our journals that are alone filled with their labours, without sorrowing at the thought that a Service so highly educated, and furnished with so many noble opportunities, should have done so much less than it might have done in the field of medicine.

CHAPTER XII.

Naval Medical Service.

THIS Service, which was re-organised under the Royal Warrant of 1875, gives employment to a large number of Surgeons. It is under the control of a Director-General. The total expenses, exclusive of those for medicines and medical stores, were in 1876 £64,644. The grades are—Inspector-General of Hospitals and Fleets, Deputy Inspector-General of Hospitals and Fleets, Fleet Surgeon, Staff Surgeon, and Surgeon. The changes made by the Royal Warrant of 1875 are so important that we here enumerate them. First—Surgeons, on entering the Service, obtain under it the same rank as Lieutenants under eight years' standing. This brings with it the same uniform, and relative advantages. This has been a substantial gain, for previously this rank was only obtained after six years' service. Next it changed the title of Senior Staff Surgeon to that of Fleet Surgeon. This, to be sure, was only a sentimental change, but such changes sometimes bring real satisfaction with them. Then, again, it compulsorily retired the Inspectors at sixty. This increased the flow of promotion. Next, their deputies are also compelled to retire, and increased pay is secured to them on doing so. Formerly the highest retiring allowance did not exceed £492 15s. Now they can retire—the six senior on £602 a year, and the rest on £547 10s. each. Then, again, the distinction between medical and other officers was abolished by the addition of £50 a year to the maximum retiring allowance of Fleet Surgeons. This Warrant provided also for the optional retirement of a certain number of officers at twenty and at twenty-five years' service. Those who will serve the shorter term will obtain fifteen shillings, those the longer twenty-one shillings per day. By this

arrangement a Fleet Surgeon who is only fifty years of age, and who is in robust health, can retire on £383 5s. per annum. This is another material improvement, for under the previous regulations a Surgeon of the same grade would not obtain so much even if his health were broken. These regulations place this Service on a better footing than the sister one of the Army; and the mentors of the young members of the Profession have not been slow in advising them to direct their footsteps thither. Nevertheless, though the pay is now superior to that of the Army, and though this Service possesses some other advantages in excess of the sister Service, yet it still remains so unpopular that recruits enough cannot be had for it. The Warrant has not worked well, and, strange as it may seem, many of its smaller provisions are stated by Navy Surgeons to be evaded by the authorities. It would seem that the method of combining age with service in calculating retiring allowances does not work well. Navy medical men complain that there is too much of their time spent on half-pay. Military critics say that combatant officers labour under the same grievance, and do not complain. We fail to see that this fact ought atone, in the minds of the medical officers, for the grievances sustained by themselves. Then, again, there is the old grievance about the slowness of promotion. Seventeen superior appointments alone exist, while the number of aspirants is four times greater. We think that this state of things could be remedied if Inspectors-General were made to retire after three years' service in that rank, and at an age in no case exceeding sixty. We would also suggest that their deputies should have five years' service, half of which would be spent abroad, and the other half at home; that at the conclusion of these five years they should have the option of retiring, and that at sixty they should be made to retire. We would likewise suggest that Fleet Surgeons should be made to retire at fifty-five, and Staff Surgeons at fifty; and that the option of retirement at various quinquennial periods after the first ten years' service, and at proportionately lower rates, should be permitted.

It occurs to us also that the Deputy Inspectors should be chosen

from those Fleet Surgeons between the ages of forty-five and fifty who might choose to remain in the Service. We would further suggest that shore appointments should be bestowed with a view to domestic ties, and where age might preclude further promotion.

The Service continues unpopular in spite of all that has been done. The social grievance is still an uppermost one. The ordinary salutes which, small as they are, mark the respect due to the officer by the subordinate, are studiously withheld from the medical officer. He is further constrained to put up with inferior quarters; and there are whispers both loud and deep that the combatant ranks only too often fail to accord him that social consideration and respect which are his due, and which are withheld from no one else. These social grievances are, of all others, the most delicate, and those about which people will speak with the most reluctance. We more than suspect that it is in this quarter would be found the real causes of the unpopularity of this Service. We cannot bring ourselves to think that we have become so degenerate as to be frightened by the perils of the sea, or so effeminate that its roughness should prove too much for our constitutions. It is not impossible that a voluntary short-service term, such as we have before hinted at, might obtain that success in the Navy which a compulsory short service has not achieved in the Army. Whatever be the causes—and rates of pay can scarcely be one—which prevent the Service having overflowing numbers, our Profession has it in its power to remove them, for we are in this one case the masters of the situation. Last year an effort was made to abolish the Inspector-Generalship, and to take away from the Surgeons the control of Navy Hospitals. These failed, and we should only observe that it is not by reactionary changes of this kind that the ranks are to be filled up. One word more—the members of the Service have many and great opportunities for advancing medical science. They are scattered from time to time through every part of the globe. They have adequate control over their patients, every appliance for treating them, no shore temptations to distract their attention, and last, but not least, every form of disease, and

every topographical modification of the same diseases—and yet, with all this, it is sad to think how very little substantial service they have conferred on a science which so much needs, and is so capable of, further advancement. It were much to be wished that some system could be devised by which promotion in both Army and Navy could, to some extent at all events, be made to depend on services rendered to medical science. No doubt efficiency in the Service is the first thing required from its officers, but this very efficiency would be increased, not diminished, by their cultivation of medical science, and the State ought to make these and all other public medical services subsidiary to its advancement. It is here that a minister of public health, armed with ample powers and supplied with a competent staff, would find his place and his field. There are other departments of medical labour besides those to which we have devoted special articles. There is the Mercantile Marine. This employs an immense number of surgeons. Many of those are permanent; some temporary, as for a mere voyage. The permanent ones reward their officers with a liberality which, in some instances, exceeds that of the Royal Navy. The temporary services comprise appointments in emigrant vessels for single voyages. These last are but indifferently paid, and exposed to much risk. Public attention has been called to the fact that the law which requires ships to carry surgeons where the passengers or length of voyage exceed certain limits, is in many cases evaded; and that either no surgeons are carried, or persons only representing themselves as such are made to do duty in their places. A large proportion of our Profession is encamped, so to speak, in the Colonies, India, and foreign climes. Though these men live thus abroad, they are sufficiently wound up with a Body Corporate at home as to constitute in reality part and parcel of the Profession in these kingdoms. Every year we send out some of the alumni of our schools to bring the blessings of the healing art either to the young Colonies which have sprung from the bosom of the mother country, or to savage lands which sometimes see the only good side of European character in the succour and kindness of the physician.

Now and again the pages of our journals contain records which show that their expatriation has not chilled the love of labour in the breasts of many of them. It were, however, to be wished that these services and these contributions were a little less scant than they are at present. We must look to higher general education, with its accompanying greater love of the Profession for its own sake, for the introduction of that new order of things which we would like to see instituted.

CHAPTER XIII.

Preliminary Education.

WE now come to the important subject of Preliminary Education. Nothing has, up to this, so much helped to keep down the relative status of our Profession as a low standard of preliminary training. Nothing has so powerfully contributed to the elevation in our status, which has been so observable during the last few years, as improvement in it. If there be one profession more than another which demands the greatest development of the intellectual faculties, and the highest culture of the mind, it is ours. The problems we have to deal with are so intricate, and so many of them still remain to be solved, that they have need of all those powers of mind which the highest cultivation can educe. We know that we are writing in an age of examinations—one in which people have almost forgotten the difference between education and mere testing.

In this matter we are very much behind most Continental nations. The Germans, for instance, possess a general school and University system so infinitely superior to ours that, until our educational establishments are as closely modelled on theirs as the different circumstances of the two countries require, it is hopeless for any medical reformer to expect any fundamental improvement in the general education of candidates for the medical calling. In Germany examinations are not proposed as the all-corrective for ignorance. They take good care that youths shall pass a certain number of years in each class at the best schools that human regulations can supply them with. They look to this for really training them, and not to a mere examination test. They do indeed use a mild form of the latter, but only in conjunction with a previous well-ordered and systematic instruction. Great care is taken to prevent the pupil's studies being so ordered as to keep

this examination test in sight at all. Slow, methodical, and careful ingestion of knowledge, with its accompaniment—thorough assimilation—is what is aimed at. Old methods of teaching are with them changed, and undue preponderance of classical studies removed—in fact, a due place is given to real as well as to humanistic studies. Nay, more, if an individual discover special tastes for particular departments of knowledge which lie out of the common road, he is not merely allowed, but is encouraged to give himself up to them. It is thought by the Germans that one of the chief aims of instruction is to seize and develop those tendencies. With us every proposed improvement in the general education of youths destined for our Profession has its beginning and end in levelling up their examinations.

Our Continental friends consider such an instrument a very inefficient one. They look aversely on mere cram, which is the indispensable accompaniment of high-pitched examinations. They clearly see, what we do not, that it is not examinations which form a youth, and that what he needs is the orderly development of the various powers of the mind under first-class teachers. In the preparation for the various examinations all this is kept carefully in view; they are so framed as to dispense with any special effort; they are so contrived that any youth who has been diligent during his years of study may pass them without ever previously thinking of their existence. The total effect produced on the mind is what they look for; and preparations for examinations, as well as examinations themselves, are quietly shunted out of sight altogether. One of the results which may well surprise the lovers of what we might almost call the English system is, that German students work harder than English ones. It will create no surprise that they possess a love for learning which the student, hurried and worried by examinations, is left neither time nor heart to kindle within him. The proportion of idlers in their medical and ordinary schools is less than with us, and the compulsion is also less. The fact is, they are not absorbed by the prospects of formidable examinations, and they learn for learning's sake. Indeed the great aim

is to encourage a love of learning for its own sake; and one of the chief tasks of the German master is to decry and eliminate every direction of study that straightway tends to the examination goal. Their examinations are consequently fewer, and even infinitely easier, than ours. Such a course of study is the best designed to produce that perfection of intellect which should be the chief aim of the educating process. It is the perfection of intellect which enables the individual to take a clear and comprehensive view of the relations of things, so far as it is given to our limited minds to see them, each in its place, and each with its definite relation to its surroundings. This comprehensiveness of mental vision is in no profession more needed than in ours. The youth, who merely loads his mind for an examination, has it not. Such a youth has too much on his hands to indulge himself in thinking, or to employ himself in investigation. Such a person swallows arguments, without laying a tooth on them, with indiscriminate greediness; adopts whole systems on trust; and too often, when the examination is passed, forgets all that he has learned, and has nothing for his pains but perhaps the industrious habits which his brief term of labour may have formed. There are other reasons also why no youths would find it more to their advantage to cultivate general knowledge than the aspirants to medicine. Nothing so much imparts elevation of mind, and is opposed to those petty views which too many professional people are engrossed with. General culture would also supply us with a link to connect us with the rest of cultivated humanity, that would prevent the mass of our members from being the isolated units that they are at present. It would expand and enlarge the mind, give it depth and height, excite its faculties, and call those various faculties into plenary existence that without it would remain cramped and dormant. It would enable its possessors to act their parts better in their special calling, and, as Milton has it, "would supply them with that generous education which would enable them to perform justly, skilfully, and magnanimously all the offices of life." Men who are trained to think on one subject only, will never be as well able to

think on that one as they would were they trained to think on many. The larger their circle of knowledge, the greater their power of judgment when expended on a single branch of it. Judgment is most necessary to us; as physicians live on comparison, the more we know the wider will be the domain on which it may be practised. The wider our circle of knowledge, the more friends will we have to call on. Different branches of knowledge aid one another—they also help to correct one another; so that we form no exaggerated estimate, and take in no incorrect picture of any one of them.

Now for many years one of the greatest objects of Medical reformers has been the improvement of general culture. It has been felt that, apart from the necessity which existed for the highest cultivation of the mental powers of each individual, there is another reason in favour of a higher education. That reason was and is to be found in the necessity for weeding out many whose natural capacities are of so poor an order as to render them unfit even to enter our portals. Dr. Ashe, in his Carmichael Essay, has some interesting observations on this very point which meet with our hearty approval. After what we have before said, it is merely necessary to repeat here, that, once within our portals, so many irrelevant circumstances affect the judgment which the public form of the practitioner, as to make it an undisturbed haven of refuge for the most arrant incapacity. It is only necessary to observe how proverbially blind parents are to the real defects of their own offspring, and how often it happens that wealth and inclination are both found allied with this parental blindness. Youths, as a result, wend their course towards our ranks, who, for the sake of humanity, had better have devoted themselves to humbler callings. A carefully regulated general training, supplemented by a modest examination, would oppose such a barrier to such persons as would keep them away from us altogether. Nor would the gain be a solitary one. Many a person unprovided with those gifts which would make him a good doctor, is amply enough endowed with qualities which would enable him to shine in another department. The

profession at large would be benefited by the removal of the weeds, while, as already indicated, the public would be saved from themselves. We say themselves, because it is to their own folly and ignorance, and not to the dearth of proper materials to select from, are due the consequences which arise from the favours which they so often shower on the least competent of the Profession.

Granting, then, that high culture is needed, two considerations present themselves. How far is this provided for at present? and what is the best provision that should be made for it in the future? Now, as to the present, the statements of Dr. Haldane, in the Medical Council of this year, give proofs enough of the deplorable deficiency in general knowledge of many of those who enter our ranks. The mistakes committed by many of the examined in the most elementary subjects of English suggest the most painful reflections as to the defective condition of the general education of the country. Dr. Haldane said, in the statement already quoted, that if they excluded all who were unfit to pass, they would reduce the professional ranks to an alarming tenuity. The condition of things testified to by Mr. Haldane is not peculiar to Scotland. Indeed, when we consider the educational advantages enjoyed by the Scotch, and the greediness with which they utilise them, we would be entitled to conclude that the condition of things elsewhere must be much worse. We believe that, at all events, it is no better.

Most of us have great ideas about the value of Trinity College—its examinations and its teaching. Were we to pick one body out of all our Irish examining ones, on whose strictness we would most count, that one would be Trinity College. Well, Mr. M'Namara, at a late meeting of the General Medical Council, brought under notice a remarkable correspondence between his College and one of the officials of Trinity College, which must rudely dispel our illusions as to the value of the examinations of the latter place. The Irish College of Surgeons is a respectable Body, but it does not affect to exact more than a modest examination. The correspondence disclosed the extraordinary fact that a youth, whose

information was so poor that even the well-known pity which his examiners must have felt for the oft-rejected tyro was insufficient to put him over the stile, was, nevertheless, able to pass in flying colours over the preliminary barrier with which Trinity guards the entrance to our Profession. Explanations there were, of course, in abundance; but all the explanations in the world will not get rid of the fact that the reputedly most respectable Body in the country passed a candidate who had been again and again rejected by another whose examination does not pretend to be very strict. Similar facts may be alleged against more than one high-sounding Board. We will not be further personal, so we forbear to indicate the names of the sinners. A few Bodies only exact anything like a fair examination; others adhere, no doubt, to the programme laid down by the Medical Council. We have, however, reason to know that there are some Bodies which do not belong to either of the foregoing categories, but allow candidates to pass through with a scantier stock than even that enjoined by the Council. These last-named do not openly demand a less severe examination than that recommended by the Council, but the paper description of their examinations is one thing, the reality another.

Let us now look to the minimum required by the General Medical Council. This consists of the following:—First—English language, including grammar and composition. Second—Arithmetic, including vulgar and decimal fractions; algebra, including simple equations. Third—Geometry, first two books of Euclid or the subjects thereof. Fourth—Latin, including translation and grammar. Fifth—Any one of the following optional subjects: Greek, French, German, elementary mechanics of solids and fluids—meaning thereby mechanics, hydrostatics, pneumatics, and hydraulics.

Now, we have no hesitation in describing such an examination as this as utterly insufficient, whether we regard classics as an end or as a means of culture, or view mathematics in such light, or look on both together as furnishing the end. We certainly cannot admit that either the realistic or humanistic lore here required

fulfils the conditions for either end. We cannot, for the life of us, understand how grown boys can spend their time up to sixteen or eighteen, and be all their lives at school, and yet bring no larger stock than this to the examination table. Paltry, however, as is the range of subjects, the lax method of examination makes it still more paltry. It is very easy to say—why do examiners press lightly on the examined? The answer is a very plain one—the majority come before them in such a trim that there is no alternative. Latin, as acquired by the candidates, gives them not the slightest idea either of the greatness of that tongue or of its literature. They do not, as a rule, know even its grammar thoroughly. We venture to say that if most of those gentlemen were to put to themselves the question—Why have we been to all this bother mastering a smattering of this tongue? they would find themselves as puzzled as some South Sea visitor to our shores would if called on to explain the value of the telephone. Were the Medical Council to require a higher standard than this, as things are at present, it would prove a sham. Colleges might put their requirements on paper, but examiners could not reduce them to practice. The General Council and the Profession at large must seriously address themselves to bring about reform of the entire School and College system of the country. They must throw their weight into the scale with those enlightened men in England who are now labouring for the modelling of our entire educational machinery on Continental examples. These men would give us the science of the French system without its slavery, and that of the German with its liberty. Here we have liberty, but it is without method—a liberty which is barren of great results. We trust that no one will fall into the error of supposing that our references to reconstruction have any connexion whatever with the fight so long waged between the secularists and denominationalists. We have nothing to say to the principles of either in this Essay; but we have everything to say to such a change in the machinery for imparting secular knowledge, pure and simple, as will enable us to participate in that general improvement in culture which, if not exclusively,

is at least largely needed by us. It is indeed amazing to think how backward the youth of the country, of all creeds and classes, are, as a rule, in this matter of general education. We have no little experience, from an extensive teaching connexion, of the attainments of medical students of various creeds and classes, and it has often surprised us what kind of instruction and instructors these youths must have had. We have known instances where more has been spent, we will not say on the general education, but on what was supposed to be a final touch given to it, than the whole Profession ought to cost, and we have known those youths to be ignorant of almost everything. We have had from time to time classes composed of men from all public schools, and from private schools as well, and so backward were most of them that our wonder was how the schools that turned them out could have been permitted to remain so long unreformed. There is abundant provision in England and Ireland (increased in Ireland by the Act of last Session) for imparting good education. There are various wealthy foundations in various parts of these kingdoms. Roman Catholics have likewise a large and increasing number of Collegiate establishments in both countries. Day Grammar Schools are, however, unfortunately, few in number, and, we fear, will not increase under the centralising influence of the new Education Act. Indeed the difficulty which we would conceive a wealthy parent most to labour under, so far as number is concerned, would be an *embarras-de-richesses*.

Nevertheless the result of all this is—and it is not confined to us—that the mass of the youth so educated come out of those institutions unfit to submit themselves to the paltriest preliminary test. We have no means of ascertaining exactly the proportion of even the successful candidates who required to cram with some Dublin, London, or Edinburgh grinder to fit them to pass the examinations, such as they are. In Germany and France all private schools are subjected to periodical visitations from independent examiners. In both those countries also no person is permitted to teach without first satisfying the State as to his ability to engage

in that department. In these countries the unfortunate parent is allowed, through a too late experience, to make out for himself the competence of the teacher or teaching body. If he be a person in the possession, as often happens, of more wealth than knowledge, he selects the school at haphazard, and finds out (sometimes he never finds out) that he has sacrificed his son's interests to some random partiality. If he be an educated parent, on the other hand, he seeks for prospectuses, scans them over, consults somebody else with no greater information at his disposal, and finally selects some considerable foundation—perhaps his own *alma mater*—which seems to him to hold forth the most numerous attractions. The youth thus sent to college may be stupid, or he may merely be idle; from either cause he is very much behind in knowledge. He is at once thrust into a class which he is expected to keep on with. If stupid—or, as the phrase has it, heavy—he soon finds it impossible to keep up with smarter youths, to whose pace the class is regulated. At first he may be well disposed, and he makes an effort to keep on with the faster youths. Soon, however, despair and, finally, aversion culminate in incorrigible idleness.

Perhaps the boy is smart, but has been idle or has been neglected. In this case more frequent success attends efforts to keep on. But here, too, in a large percentage of cases, the class system is to be thanked for the ruin of many a youth's industrious qualities. There is supposed to be something fashionable in sending youths to a public institution, and to this many a youth is sacrificed. No doubt this feeling prevails chiefly amongst the ignorant wealthy; but, then, what a proportion of the parents of our youths comes under this head. Many of the boys sent in, obedient to this prompting, are sent for a limited period only. Such people, even if fairly educated beforehand, derive very little advantage from even the best public schools. Their flying visits remind us of persons who hear only the middle part of a conversation, and must be equally unprofitable. In many of these schools there is an elaborate system of taking in the public, and to this end much of the interests of their alumni are sacrificed. We have often read of what are grandly

termed "exhibition days," and these consist in a serried arrangement of scenes which are eminently calculated to impose on the parents—intelligent or otherwise. There is first usually some grand orchestral performance, which has cost the performers no little time, sorely needed for other studies. This goes down wonderfully. The enraptured *mater familias* feels a thrill of delight at the thought that such a wonderful institution was selected by her. Then comes a debate, and though the words are evidently got off by heart—without, perhaps, those employing them understanding one half of them—it creates another sensation. And so on, display succeeds display—each more impressive than the preceding—until the more solid comforts of *déjeuner* complete the bonds of the audience, and leave no doubt as to the character and advantages of so noble an institution. Each item in this bill of display has cost an expenditure of time and labour on the part of the youthful performers which had need to be spent on more substantial pursuits. From first to last no one class is submitted for examination, their labours for the year are not recounted, and no independent member of the audience is invited to test the knowledge acquired. Such a system as this is eminently calculated to impose on the unwary, and to produce the class of youths who cut such sorry figures at our examinations. We are aware that a great deal may be said for and against public schools. For ourselves, we do not conceal our preference for private ones, where, as Sydney Smith well observes, "the domestic is mingled with the school life, where a youth has the advantage derived from the learning of a master and the emulation which results from the society of other boys, and where both these are combined with the affectionate vigilance which he must experience in the house of his parents. A great deal has been said about the great men public schools have produced; but if a Gladstone have come from one of these, a Beaconsfield has been produced without them. In a public school the individual is left almost entirely to himself, for no master or masters can individualise himself or themselves for each boy. The result is that the forming of the boy's character is

left entirely to the influence of his fellows. He will be indebted to native strength of mind for the formation of habits of industry. Every temptation, in the shape of idlers of one description or another, natural disposition, and, last but not least, the feelings we have before alluded to as the result of heaviness, antecedent idleness, or backwardness, unite to beckon him from the paths of industry and learning.

“When thou, transplanted from thy genial home,
Must find a colder soil and bleaker air,
And trust for safety to a stranger’s care,
What character, what turn, thou wilt assume
From constant converse with I know not whom;
Who there will court thy friendship, with what views,
And, artless as thou art, whom thou wilt choose—
Though much depends on what thy choice shall be—
Is all chance-medley, and unknown to me.”

Cowper.

Cowper had himself some bitter experience of public schools, and the foregoing was the outpouring of a heart bruised by the rough usage of some of them. This fact, no doubt, led to an over-colouring of their defects, but a substantial basis of truth will, nevertheless, be recognised by most people in the description he gives of them.

From what we have said of the defects of secondary education, it will be seen that we have no present recommendation to offer as to increasing the stringency of the preliminary examinations.

We agree with Dr. Ashe that all examinations should be levelled up to the height of the London University test. We think that every candidate should be at least examined in four authors in both the Greek and Latin tongues. We would not ask him to make poetry, or to be a proficient in verbal quibbles; but we would require, in addition to a thorough knowledge of grammar and translation, a fair knowledge of the literature of each language. It is in this knowledge of the literature of the classic tongues that we are so much behind other nations. We would also require a knowledge of one modern language. Six books of Euclid, and

algebra to quadratic equations, would be modest requirements in mathematics. A thorough knowledge of English, including history, grammar, composition, and modern geography, would form indispensable items. We would require a knowledge of so much of physics as is contained in, say, Ganot's manuals of mechanics, hydrostatics, pneumatics, electricity, and optics. Lastly, the student should be examined in the elements of logic and of drawing. Dr. Ashe proposes that the physical and natural sciences should be both studied during the medical course. We think this objectionable, as trenching on a time that is already too limited. Had we proper secondary schools, these subjects would be more advantageously acquired in them than in Dublin or London. Let us hope that, so far as Ireland is concerned, good and numerous secondary schools will be the outcome of the late Act. We would gladly see an arrangement made by which every candidate would be compelled to take out a degree in arts, or to spend four years at some superior school engaged in an analogous course of instruction. A practice at present prevails at some Universities of going on concurrently with both arts and medicine. We deprecate such a practice. Everybody knows that four years are only too short a time for purely professional studies. The attempt to do justice to both arts and medicine during the same time must needs lead, and we say does lead, to the neglect of one or both. We would suggest that no person be permitted to enter on the study of medicine without having been registered four years previously as the student of some place of study. We do not attach to mere degrees the all-importance that some people do; and, therefore, we would be satisfied to have a pupil spend his time anywhere, provided he spent the time, and spent it with those furnished with the means and ability to teach him. A capital way would be to spend it at some superior private school, while serving an apprenticeship at a provincial hospital. We have now said our say on preliminary education. It may seem to some as if we had expatiated at too great length; but its importance and the prominence deservedly assigned to it in Mr. Carmichael's testament seem to us to call for all we have said.

CHAPTER XIV.

Preliminary Professional Training.

IN former times it was the universal custom to put a youth, when taken from school, as an apprentice to a practitioner. Every general practitioner in the provinces had his two or three pupils. Those who aspired to become leading metropolitan practitioners paid handsome fees to a London or Dublin hospital surgeon. This system produced men who were eminently practical. They obtained a thorough familiarity with drugs. It was not that kind of familiarity that students now obtain by the mere sight of drugs from a distant bench in a *materia medica* theatre. They learned to become thoroughly conversant with their appearances, their uses, and their doses. A profound knowledge of their chemical reactions they had not, but they acquired enough of both for all practical purposes. Students thus brought up learned faith in the medicines they used. Their faith may have been too large a one; but, at least, large faith is better than no faith.

With us, moderns, it is too much the custom to find in our textbooks a description of anything and everything but that which relates to fulness and variety of treatment. The lecturing system, with its scant contact with drugs, is largely responsible for this. No doubt we would be glad to see, in Scriptural phrase, everything proved with reference to the supposed virtues of drugs. We are asked to believe that medicines possess therapeutic virtues, which, with all respect to tradition, we would like to have some more complete proof of than we have at present. It is one thing, however, to desiderate a rational system of therapeutics, and another to disbelieve in them as much as we do. The youth, who was thus bound, was not sent, as we now send our youths, straight from the restraints of school into the furnace of city life. On the contrary,

he was placed under circumstances peculiarly suited to his years and inexperience. He had over him a master's eye, a master's orders; and he was thus bred up in habits of discipline and subjection which were most useful to the shaping of his character. In large towns, under the present system, the youth is subjected to no restraint or discipline, and, as a result, only too many bitterly pay for the want of a restraining hand.

On this point we cannot do better than quote some eminent authorities. The first shall be that of an unfortunate man, but of a man who, more than any other in England, had opportunities for knowing the drawbacks occasioned by the present theoretical system of training. We refer to Mr. Baxter Langley. He says in his "Via Medica:"—"It appears to me a grave error to take a young man from school and plunge him at once into the theoretical studies of medical science; for it is absurd to expect that during the short space of four years he shall learn the laws of physics, chemistry, botany, zoology, human and comparative anatomy, pathology, practice of medicine, surgery, midwifery, and medical jurisprudence. My experience leads me to the conviction that the most successful men are those who have some practical and general knowledge, and are able to observe and manipulate well before they enter upon their attendance on lectures. Hence, I am strongly convinced that a year or two well spent with a provincial surgeon is not time thrown away by the tyro in medicine. Students are apt to think that the whole object of their studies is to pass certain examinations, but thousands of men find out the burden and calamity of this mistake when they are called on to prove their practical acquaintance with their Profession under some sudden and terrible emergency." Elsewhere the same authority declares that men have been found unfit to undertake the duties of active practice, because of their want of such a training. We will quote one more gentleman. It is one who, though not so well known as Dr. Langley, speaks so much to the point as to imperatively require a place here. Dr. Roberts, of Port Maddock, President of the North Wales Branch of the British Medical Association, in the course of

his address on taking the chair, delivered the following observations:—"I wish to draw the attention of the members to, in my opinion, the grave mistakes involved in the practical abolition of apprenticeship. I cannot believe that the five years' indentured pupilage required by the regulations of the Society of Apothecaries, is a day too long, particularly if served with a general practitioner in a mixed practice. During that time, in his young years, the pupil not only learns practical pharmacy and the uses and doses of drugs, but becomes familiar with the routine of general practice in the surgery and consulting-room, and has the great advantage of visiting patients and attending medical and obstetrical cases, not on his own responsibility, but with the feeling that he has always his principal to fall back upon in case of need, and his master to censure him in case of unskilfulness or neglect. He has ample opportunities of learning practical surgical duties, such as cupping, bleeding, dressing wounds, introducing catheters, &c., and also of treating fractures and dislocations. All this instruction he undergoes with the full knowledge that he is bound by his indentures to do his work, and that the law invests his master with large powers of coercion and correction in case of neglect or wilful default. A habit of discipline and self-control is thus early acquired, which, together with the practical experience already acquired, is most valuable to him in after-life. I might contrast the old system of apprenticeship, which I have imperfectly described, with the curriculum now too much in vogue. The student goes straight from school to a metropolitan or other large town to attend lectures and observe the practice of hospitals. He is thus thrown, at a tender age, among all the temptations of a big town. He attends the lectures, which he is for a long time unable to follow. He daily walks through the wards of the hospitals in a crowd of other students at the heels of one of the physicians or surgeons, and hears the patients interrogated, sees their tongues examined, their pulses felt, and his attention may be occasionally drawn to cases of rare or special kind, but seldom or ever to the common disorders of suffering humanity, which he will mostly have to treat in ordinary

practice. He hears prescriptions dictated which to him are all double Dutch, as he has no practical acquaintance with any of the drugs or the compounding of them. He witnesses operations performed in the theatre, but is not allowed to try his 'prentice hand upon anything except the subjects in the dissecting-room. He, perhaps, reads hard, and goes up for his examinations—inflated and crammed with theoretical knowledge it might be—

“‘A bookful blockhead, ignorantly read,
With loads of learned lumber in his head.’

After spending in this manner portions of his four short years in acquiring knowledge, he receives his diplomas, and is launched upon his unfortunate countrymen and countrywomen as a fully qualified practitioner: Of course, in nine cases out of ten, medical men so educated have the sense to perceive that they must learn the practical part of their duties, and they forthwith advertise for assistantships, condescending to accept salaries of from £100 to £120 a year, and their board and lodging, for being taught the real, or at any rate the most important, part of their Profession. But that is not all—and I hear the same complaint from many of my professional friends. The qualified assistant so educated is generally too conceited and self-sufficient to acknowledge his ignorance, or to consult his employer as an apprentice would. The employer, therefore, not only pays for a light which does not shine, but is constantly kept anxious and on the *qui vive* lest his qualified assistant, through some maltreatment of a case, may bring him into trouble. I think, therefore, that those gentlemen ought, in justice, to pay handsome premiums rather than receive salaries for the opportunity afforded them of becoming practical practitioners ere establishing themselves in practice on their own responsibility. I must apologise for dwelling so much upon the subject, but I cannot help feeling strongly that something ought to be done, either to return to the old and well-tried system of apprenticeship, which, as you know, still obtains in the profession of the law, and most trades and callings of the higher sort, or to adopt some other plan by

which the same advantages of real, practical, medical education in early life shall be secured."

We have reproduced the above extracts because they entirely agree with our own views, and have the additional weight of the great experience of those who have uttered them. Years ago we published similar views, and we rejoice to think that the Medical Authorities are now coming round to them.

At the last meeting of the Medical Council it was resolved that one year out of the four might be spent as the apprentice to a country practitioner. The metropolitan interest vigorously opposed this, as it always does everything opposed to its own special interests. They sought to oblige the student to spend the entire four years at some medical school, but happily the good sense and public spirit of the majority defeated them.

Sir James Paget declared on that occasion that had he a son commencing the Profession, the first thing he would do would be to send him for at least a twelvemonth to a country practitioner. The Council also recommended that the Licensing Bodies should require from each candidate for final examination a certificate of his having been for six months either an hospital dresser or an assistant, with care of patients, to some general practitioner. The choice left opens up a field to country practitioners which in Ireland has been entirely closed to them since the apprenticeship system was done away with. Sir Dominic Corrigan opposed this on the grounds that it was not desirable to intrust the care of patients to unqualified persons. We agree with him on this point, and therefore regret that another amendment introducing the words "part care" was not carried. This, after all, is an objection of a purely theoretical kind, so far as this country is concerned, for with us no apprentice will be intrusted with the exclusive care of patients. The late Professor Parkes objected to this system on the grounds that theory should precede practice. An objection coming from such an authority is entitled to consideration. This, however, is one which does not hold water. Great part of the knowledge which apprentices acquire either requires no antecedent

knowledge of theory for its acquisition or such a knowledge of theory as most certainly may be acquired in the country. Take, for instance, the knowledge of pharmacy and of drugs. What theoretic information not at the pupil's disposal is required to learn compounding and to learn also the appearances and doses of drugs? We grant that a complete knowledge of the chemical and botanical parts of *materia medica* cannot be obtained outside the lecture-room and laboratory. Two sixpenny primers will supply pupils with easily-mastered information in both botany and chemistry sufficient to enable them to understand a goodly part of these subjects. Such students, when they subsequently find their way to a *materia medica* lecture, will not be in the unknown land that students differently brought up will find themselves in. On the contrary, they will be merely adding to and methodising an existing stock of knowledge, not laying in a new and but half-understood load altogether.

Talking of sixpenny primers, when we ourselves commenced *materia medica*—and we did so, to our grief, not in the way we are here recommending—it was a sixpenny primer that enabled us to follow those portions of the subject that we have before alluded to. Other students, who did not take to the primers, found themselves unable to follow one half of the subject. Dr. Parkes' views are based on the supposition that botany and chemistry should be learned before *materia medica*; but how many students do really know them either before or after that subject? Enough for our point that the heart may be broken in an important subject during the days of a country apprenticeship; that the knowledge so acquired will be much more substantial, indeed, than that picked up in a lecture-theatre, and that the balance will be acquired in the theatre in half the proportion of time required by the entirely uninitiated student.

Then, look at the compounding. What kind of compounding is or can be taught at a Dublin or London hospital? It is a poorly-attended hospital that has not sixty students. What may the sixtieth part of the compounding of such an hospital be deemed

worth? Ought we to consider it worth anything? We think not; and we are more positive in our opinion, inasmuch as that, to aggravate matters, a few months during the summer is the only time that these students have at their disposal for the acquisition of the knowledge.

Then let us look at hospital practice. What theory is required in order to pass a catheter? What theory without practice is sufficient to pass one? We have known the picked men under the system which now prevails obtain their diplomas without being able to pass a catheter or being able to do, with anything like ordinary skill, twenty other small things which no practical examination can provide for, and which, taken together, form the bigger part of daily practice.

An apprentice can read both medicine and surgery under his master, not with the same advantage as if he knew the antecedent subjects, but with this advantage—that he will master a goodly portion of both, and that he will subsequently visit the lecture-theatre only to clear up some portions, and add to and systematise the whole. How different the position of the student who has not had such training. The lecture is for a long time as strange to him as if it were delivered in an unknown tongue; and when he does begin to understand it, it makes a very much less solid and permanent impression on his mind than it would if he had been differently brought up. An apprentice also obtains a familiarity with the appearance, the diagnosis, the prognosis, and the treatment of disease, which places him quite at home in the wards of the metropolitan hospital, and enables him to profit more in one month than the mere green youth in twelve by the methodical teaching and special instruction of his new teachers. We know that we shall scandalise some learned theorist by talking about a student's learning the treatment of disease before he has been able to learn Virchow's latest novelties; but, we ask, how much of our treatment is founded on such a rational basis as to be beyond the ken of the tyro?

The practical knowledge of hospital minutiae, which can be

acquired by the pupil of a country practitioner, can never be acquired by three out of four of your be-lectured students. An amusing attempt is being made by the authorities of two great London hospitals to meet this practical difficulty by appointing the preposterous number of 150 medical and surgical dressers to attend the patients of a single hospital. Comment is unnecessary. The difficulty can be met in one way only, and that is by taking provincial hospitals into partnership in the work of education. This need in nowise interfere with metropolitan interests, or add to the expense of education. One-half the money would suffice that is now wasted by the loafer, who takes four years to scramble through to his diplomas. The industrious man who, despite the regulations of the Medical Council, gets through in two years, or rather in 27 months, and who spends the balance of the four years roaming about town, would also find it more to his advantage to pay a little in money at the commencement of his studies for a provincial training than to incur a larger loss, not in money alone, but, it may be, in shame and self-reproach in after-years. There is one subject which, of all others, might be supposed to be wholly learned at a medical school, and that is anatomy. Now, no opinion is more erroneous than this. We have had some experience in anatomical teaching, and we were always satisfied if the pick of our class knew the entire bones after three months' hard work. Now, we have also known apprentices come to town bringing with them a thorough knowledge of all the osseous parts of anatomy. Here was a good three months saved, and something more, for such students at once were able to take in a larger amount of knowledge in the dissecting-room than their utterly ignorant fellow-students. Nay, more, while the latter were wading through the bones, the former were mastering a more advanced part of their subject, and at the end of the session it becomes a difference, not of three months, but almost of an entire year. Nor is this all. Nothing is more easy than for a country student to obtain, through the medium of a stray *post mortem*, a few anatomical preparations, and contributions from the lower animals, enough

of knowledge of the viscera, &c., to enable him fully to profit by the hospital opportunities at his disposal for the study of internal diseases.

Let us, in conclusion, hope that the Medical Council will insist on the Licensing Bodies giving effect to its recommendations in this matter. By all means let some condition be annexed that will oblige the master to intelligently instruct his pupils, and the pupils to profit by the instruction of the master. Let us have no shams, no farcical attempts to stretch the practical resources of metropolitan hospitals far beyond the point to which they are capable of extension.

Finally, let us have no certificates certifying to apprenticeships which have never been served. If this new change be loyally carried out, we shall rear a race of students very different from the rowdy element so largely entering into our present numbers, and a race of practical men who will combine a knowledge of their business with a knowledge of the theories upon which it is based.

PART II.

CHAPTER XV.

Schools and Hospitals—State of the Hospitals—Schools of Medicine, Surgery, and Pharmacy.

THE student in our last chapter was conducted to the threshold of the medical school. We to-day bring him a step further. We have recommended to all students a preliminary apprenticeship before entering on this stage. At present the student steps at once from his school-desk into the lecture-theatre and dissecting-room. The Medical Council at once meets him by an intimation that he must pass an examination in arts before he enters on his professional studies. Most of the Bodies oblige him to do so. There are, however, those who do not, and some students enter at once, therefore, on their medical studies without this troublesome ordeal. Such students only defer the evil day, as, of course, the form—for it is only a form in some cases—must be gone through at some stage in their career. The next question is as to the choice of school—and this brings us at once to discuss the relative attractions of the various schools and hospitals. The three metropolitan cities possess those schools which offer the largest attractions to students. Those cities present the widest field for medical ambition. There, accordingly, such of the best men of the various classes as are not shut out by want of that money and connexion which are so indispensable, usually settle down to teaching or to practice. These cities also possess, in their magnificent clinical opportunities, not merely exceptional means for the instruction of their students, but exceptional means also for instructing the teachers themselves, and raising the rich and influential dullards amongst

them to a height for which neither grace nor nature ever intended them. It is no wonder, therefore, that the metropolitan schools should attract the bulk of students to them. A variety of circumstances determine the individual choice of the student. The claims of an Alma Mater have charms for some parents. The active interposition of some member of a school staff, or of some friend, determines others. Showy advertisements have their influence on more. The prestige of a great University influences the choice of some. Cheap wares influence others. Religious principles determine others. King's College, London, owed much of its earlier success to these last motives. A number of minor considerations also exert sway. They do not, however, admit of enumeration, as their mention would throw no light on the state of those institutions. One consideration we had better not forget. It not merely influences choice of schools, but throws a lurid light on a glaring defect in our school system. We refer to the fair and easy-going practice which prevails in some quarters with regard to lecture certificates. In some cases students get tickets in absentia. In others a mere nominal attendance suffices. This system, which is well known to exist in many schools, largely determines the advent of whole classes of students to such schools. There are in England many assistants to apothecaries and chemists who are indebted to such a practice as this for entry into our Profession. The whole thing is managed very quietly, but none the less effectually. Many parties have an interest in concealing the practice, and no one thinks himself called upon to expose it. It is not to-day or yesterday that it has crept into existence, and we are indebted to it for much of the overcrowding and inferior relative status of which we have to complain. We shall only say that if lectures are to be continued, if our students are to be educated, and not merely examined, the school system should be made a reality. No person, however industrious, who spends his time outside the lecture-room and dissecting-theatre, should be able, through the interested kindness of some school manager, to slip into our ranks. We have always felt it a great grievance that, thanks to this

system, men who are ignorant of all the fundamental parts of their Profession should, nevertheless, be placed in a position to compete with its regularly educated members. Cases have more than once been brought under our notice where men thus imperfectly trained have been enabled, through the assistance of the *post hoc* fallacy, to outstrip educated rivals in the race for practice. The less the public are capable of discerning real professional claims, the more are we bound to protect them from confounding the base with the real metal. So many parties are affected by dishonesty of this kind that we know of nothing which both the public and the Profession have a greater interest in reforming. When we propose to make lectures a reality instead of a sham, we shall at once be met by the doctrine that lectures ought to be done away with altogether. Let us tarry a while to examine into this. We are told that they rather hinder study; that they take up too much time, and that all they teach can be learned from books; and that, consequently, the sooner they are abolished the better for medical education. We demur to all this, and believe that this opinion has had its origin in the excessive number of the lectures, and in the inferior metal of too many of the lecturers. Examination is, at most, a mere test, and a very imperfect test, of knowledge acquired. It takes no cognisance of the way in which that knowledge has been acquired, and of the amount of it which has been assimilated. It is not even able to test, or at all events to adequately test, the most important qualities of the mind. It has not as yet been found able to provide any test to discriminate between that knowledge which only lives through the period of testing, and that which remains in the mind for further use and development.

Knowledge and education are indeed two very different things, and a man may pile Ossa upon Pelion, so far as facts are concerned, and yet be unable to utilise one of them. The man who is educated in a particular subject may require to post himself in many facts connected with it, but he can both do this readily and utilise amply those which were previously in his possession. Such a man has not piled upon his shoulders a burden so great that neither time

nor opportunity are left him to even examine its contents, but, on the contrary, he has developed every muscle and sinew so as to enable him to exert every power to the utmost. Examinationists who insist so much on the acquisition of mere knowledge must admit that as there are two ways of doing everything—the right way and the wrong way—so they must acknowledge that there are two ways by which a stock of knowledge may be laid up. There is the hasty, crude, ill-digested way, which substitutes a knowledge of words for a knowledge of things, takes the memory alone into its confidence, fills up the mind as we would an empty room, and teaches, not real knowledge nor the way to acquire it, but simply stocks the mind with an unassimilated, loosely-adhering mass of odds and ends, of facts and figures, and opinions and dates. This is what we call cram. Its opposite is that slow, methodical, and thorough ingestion which develops every faculty of the mind; which teaches a man how to learn, and how to use that which he has learned; and which, after particular facts that have exercised the mind are lost to it, leaves the mind itself in a permanently enlarged and improved condition.

Lectures convey methodical knowledge; they accustom the student to habits of mental discipline and regular processes of ingestion—his powers of attention, observation, judgment, memory, are all called into requisition. If the lecturer be a capable man, he supplies the student with a mass of well-ordered information, collected and collated from every source, such as years of reading could alone enable, and might never enable, the most intelligent student to collect for himself. It is not merely, however, the skilled collector who is at work. We have also the eloquent speaker, who clothes dry facts with life, and sinks them so deeply into the minds of his hearers as to fuse both inseparably. We speak here only of such subjects as medicine, surgery, and midwifery. We maintain that the right way of obtaining a knowledge of the theory of them is through systematic instruction. We know that lectures are beyond the ken of a percentage of students. Our teaching connexion afforded us many opportunities of convincing

ourselves of this fact. We know, too, that even the brightest student needs something to supplement mere lectures. We also are aware that the lecturing system has been overdone, and that, what between an excessive number and an inferior quality, the unhappy student has been only too often driven into regarding them with something approaching contempt and aversion.

The General Medical Council has recommended two modifications which will, without doubt, have a large influence in restoring lectures to their proper position. These are—First, the abolition of duplicate and triplicate courses, and, secondly, the introduction of weekly class examinations. The first-named change was introduced a couple of years since. It met with a sturdy opposition, which was not confined to mere vested interests. Some able members of the Council thought that some of the subjects could not be dealt with in a single course, and that a second might, therefore, be necessary and allowable, provided different grounds were trodden over. The majority of the Council opposed this view, and the single-lecture course has now been formally recommended. For ourselves, we cannot but admit that there is much weight in the argument in support of second courses, which is grounded on the belief that they are necessary to complete important subjects, yet we cannot conceal our satisfaction at the triumph of the one-course system. Our pleasure is derived from a knowledge of the fact that students scarcely ever attend a second course, and that, overladen as they are with work, they could not find time to attend them, and that we should, consequently, be only perpetuating a dishonest system which had not a little to say in producing much of the demoralisation of the present school system.

We are sorry the Medical Council has receded from its recommendations with regard to weekly class examinations. The practice of such was calculated to be highly useful. They would have encouraged industry in the students, and clearness and attention in the lecturers. Taken in conjunction with lectures they would have combined all that is good in the examinational system with

all that is advantageous in lectures. We, however, know that in many of the schools the recommendations of the Medical Council were not attended to on this point, or attended to in a very perfunctory manner. We have said that lectures will not suffice for every student. They are and must be pitched too high for many intellects. For such there is another means of instruction at hand.

A great deal has been said and written on the relative merits of the tutorial and professorial systems. Each has its enthusiastic advocates. We are in favour of a mixture of both. The tutorial system by itself simply leads up to cramming. The professorial is above the capacities of many. The education given in medical schools would degenerate to the level of the system required for imparting the rudiments of English, if it were not for lectures. Lecturing implies subdivision of labour, thoroughness in the mastery, and fulness in the exposition of individual subjects. A lecturer has to treat his subject too fully to be capable of individualising each student. Our medical teachers would be mere school-masters if the tutorial system were the only instrument of instruction. Medicine itself owes not a little to the subdivision of labour which the lecturing system has introduced. The necessary inability of lecturers to individualise each auditor can be fully met by supplementing it with the tutorial. No contrivance could be better designed than the admirable one of official tutors in vogue in some of the London schools. The weekly class examinations formerly recommended by the Medical Council would have proved admirable, but they would not have been sufficient. There should be in every school as an integral official, and not a mere independent element of the staff of such school, a number of tutors whose instruction should be as obligatory, and whose fees should be as binding as those of any of the lecturers. We would have each student on entering placed in the immediate charge of one of those tutors. We would have the latter responsible, not merely for his instruction, but also for his moral supervision.

A great deal has been said and written about the moral training of students. We have before stated what we cannot too often

repeat, that this moral education should be provided for by home training, and the re-introduction of the good old apprenticeship system. We now have to deal with the moral supervision to be exercised by the medical schools. It is not in excess of fact to state that heretofore the schools have made little or no provision for this. The competition for students has been so keen that the one anxiety of school managers has been to get students. They have—and we say this deliberately—carefully avoided everything that would be calculated to vex the student; and, as a consequence, carefully avoided imposing upon him moral surveillance, which would be sure to be distasteful to him.

We know one instance where a zealous tutor was threatened with dismissal for having exasperated some incorrigible idlers by reporting them to their friends. The real key to the indolence of many and the incorrigible idleness of other students is to be found in the selfish timidity of many school authorities. We are, ourselves, firm believers in the truth of the axiom that honesty is the best policy; and we, ourselves, try to act upon it by vigorous denunciation of the idle and dissolute student. There is one way of dealing with this system of toleration of idleness and vice, and the most effective way, we believe, will be found in the periodic visitings of schools by agents of the Medical Council.

We regret very much that the effort made lately to introduce the system of visiting the schools was rejected by a majority of that Body. We are at a loss to understand the extreme delicacy of that Body on this point. They are a Council of education quite as much as of examination, and it is as much their duty—more, we should say—to inspect the educating process as it is to inspect the final marking. The truth is that the Council, in spite of its University admixture, has given itself wholly up to the fashionable examination craze. One member, Mr. Simon, who is troubled with some fine *doctrinaire* ideas, objected on the grounds that good government was inseparably mixed up with undivided responsibility, and that that responsibility in this case devolved on the Bodies that licensed the schools. He ought to have mentioned that the individual

Bodies that licensed them have substantial reasons for not falling foul of the schools. What school, for instance, could be expected to send its alumni for their diplomas to that college which had been engaged in treading on its toes. No one, we suppose, will allege that school staffs are without influence on their alumni. This fact not being deniable, one may easily understand why Licensing Bodies should not be expected to do that now which they never did before. Other members of the board objected to the proposed visitation on the grounds of the expense and the affront to the dignity of teachers. Both of those objections equally applied to the visitation of examinations. Both were advanced against the latter innovation when first proposed. Both were, we need not say, somehow disposed of, and the innovation introduced nevertheless. We now hear nothing either of the inability of the Council to meet the little bill which was incurred on that score, or of the wounds inflicted on the tender feelings of the examiners. Another objection was raised to the principle of visiting schools at all, on the grounds that it was not their business to inquire how or where a student was educated, but only to see that he passed certain examinations. Why the very name of the Council ought to have reminded the objector that it was their duty to deal with the entire course of studies. It was remarked in the debate that cognisance should be taken of the quality of the teaching quite as much as of the quality of the material with which they taught. We certainly would be sorry to see any inquiry stopping short at a mere inspection of school appliances. There can be no doubt that many of the smaller schools are very stinted in apparatus for teaching. Were we to judge by prospectuses, there is no difference between the smallest and the greatest of them in this respect. The flourish of trumpets reminds us very strongly of the testimonial system, so puzzling to dispensary committees. It may be that we have been misinformed. We are satisfied that we are not; but we can conceive nothing which would be more satisfactory to schools against which unjust insinuations have been levelled than to have these effectually disproved by independent authority. There is at

the present moment a well understood unreality about prospectuses and extravagant introductory which escapes no intelligent reader. The *exposé* which a series of impartial visitations would lead to would dispose at once and for ever of all these unrealities.

To revert to the moral supervision of students. Some two or three proposals have found favour with different parties. We believe it is Dr. Mapother who suggested colleges of residence for students. It is universally allowed that the system which allows students to roam at will from lodging to lodging without supervision or restriction is vicious in the extreme. We know it to be productive of the greatest mischief to students. The question is—how is it to be met? Shall we house up students, as suggested by Dr. Ashe or Dr. Mapother, fifty or sixty together in huge boarding houses, yclept colleges of residence; or shall they remain, as at present, scattered through the cities, but in houses that shall be registered and subject to the periodic inspection of their tutors; or shall we congregate some hundreds together, as is done in some of the larger Universities? Lastly, would we lodge a small number, not exceeding five, with such members of the school staffs and such other medical men as might be willing to take them, and locate the balance in carefully-selected, registered, and inspected private houses? We suggest the last course as the one which occurs to our experience as the most advantageous. Where some hundreds of students are collected together the condition of things is pretty much the same as with the inhabitants of a house in a large city. An individual student may not know even his next-door neighbour. He may enjoy more real freedom from the intrusion of the idle and dissipated than if he lived in a solitary lodging in Pleasant-street—the *Quartier Latin* of our city. On the other hand, if the individual student be one of fifty or sixty boarders in a medical college, he very soon gets to know every one of them, and his rooms are constantly invaded by the idle and dissolute, whom he finds it impossible to turn out, and whose solicitations he soon finds it equally impossible to resist. We have ourselves something more than abstract knowledge on this head, and we unhesitatingly condemn this last arrangement as

the worst that could be devised for the supervision of students. We cannot too strongly put forward the domestic system as the best of all.

We cannot, therefore, too earnestly press on those interested the immense advantages of placing the students in private houses, and under, if possible, medical charge. There would remain a large number who would not be able to afford the expense of such residence; such students must still continue to patronise the *Quartier Latin* of London or Dublin, and we would meet their cases by registration and constant inspection of lodgings. This inspection we would make one of the fundamental duties of their medical tutors.

We have before this named as some of the causes of the unpopularity of lectures the inferiority of the article which in some instances is offered for acceptance. The system of appointing lecturers in these kingdoms is as insular in this nineteenth century as was Lord Macaulay's Court of Common Pleas. There are a few great institutions where the prizes are so great and the richness of material to be drawn upon so excessive, that no harm is done by a system which gives the largest play to nepotism and interested motives of every kind. In a percentage of cases, the exact proportion of which we would rather not name, the lecturer is propelled into his chair by other agencies than fitness. Many of the schools are not able to offer sufficient emoluments for the labours of the teacher; and in some of them, as in Oxford, Cambridge, and the Gresham Trusts, the money left for school purposes has been misappropriated. A clerk would disdain to accept such remuneration as is placed at the disposal of the supposed men of science. The schools are too numerous, and many of them decidedly over-officered. Attempts have been made in London and elsewhere to remedy this state of things by amalgamating the smaller schools. It is not surprising, therefore, that other motives than that of a love of science or a desire to derive an independent income from scientific work should determine the vocation of most teachers. Some invest a few hundred pounds in a school as one would in a bank or a

railway. They purchase out a lecturer, and purchase in themselves with a view to extrinsic gains. A school connexion affords an advertising medium. The public suppose a lecturer to be a mighty clever personage, and the moneyed dullard finds it convenient to appear invested with such plumes. Even when men of ability find themselves connected with schools they cannot afford to bestow on school work that amount of their time necessary to make the most of their respective subjects. They are obliged to cultivate practice, to ingratiate themselves with the public, and generally to have, or to try to have, a number of other irons in the fire.

There is something anomalous in the professor of physiology being attached to an hospital and being engaged in working up practice. Such a man should be entirely confined to his one subject, and should bestow on original research and experimental demonstrations that time which is now given to clinical work and cultivation of the public. Some people hold that the anatomical professors should also be debarred from practice. We would be disposed to agree with them, were we not afraid that under such circumstances their teaching might become transcendental.

Anatomy, as at present taught and examined in, imposes unreasonable burdens on the student. An excessive amount of minuteness is introduced. This particularly applies to relational anatomy. There is no practical surgeon but must be aware what utterly useless lumber much of this minuteness is, and how heavily it weighs on the time and the intellect of students, and which is as evanescent as it is unprofitable. We have some personal experience both as to the time consumed in its acquisition and its utter worthlessness when acquired. Some modification is indispensably required in this branch of teaching. Students find it more difficult to learn anatomy than all the other subjects put together. More students lapse into idle habits through terror of it than through any other single influence whatever. Anatomy is usually taught by lectures and demonstrations. We consider both methods of instruction capable of great improvement. It is the habit of many lecturers to waste much of the course on easy portions of the subject which

would be better taught in the dissecting-room. We think, for instance, that neither the bones nor ligaments should be allowed to take up any part of the lecturer's time. The introduction of the single course system will render this impossible for the future. That change will have a very important effect on the financial position of the schools. The present fees paid to the schools are entirely inadequate remuneration for such a class of teaching. Their still further reduction is of course out of the question, and what will be lost to school authorities by the diminution in number must be made up by the elevation in price. This change will be not without its effects on the coffers of some of the Licensing Bodies. Students who now go over to Edinburgh to save a certain number of lectures will find it less advantageous to go there than formerly. The Dublin schools, which are understood to be rather wrathful at the change, will, we are satisfied, find it productive only of some preliminary difficulties. Were it followed by equality of corporate charges there would be less emigration than there is at present. One lecturer in each school ought to confine himself to physiology pure and simple, while the anatomical lecturer should give prelections only in his subject.

To come now to the demonstrators, it will be seen by anybody who makes it his business to master the details of the different teaching Bodies throughout these kingdoms that there is a marked difference between the Irish and Scotch and English systems in the matter of demonstrators of anatomy. In England and Scotland one or two demonstrators only are in almost every case connected with each school, while in Dublin each school has quite a troop. This practice was first introduced about the year 1867, and led to a protest, in the February of 1869 following, from us. That protest gives such an exposition of the consequences which we bespoke for it, and which have actually since occurred, that we feel called on to insert the letter here in full. In no other way can we as well depict the present effects of the Dublin demonstrating system:—

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

February 24th, 1869.

SIR,—Allow me space for some remarks on the line of tactics lately inaugurated by the heads of Dublin Schools with regard to Demonstrators of Anatomy. I am induced to trouble you with these remarks because I am personally affected by their policy in this respect, and because I believe if it be persisted in it will impair the efficiency and lower the status of Dublin as a school of medicine. The line of tactics to which I take exception is the habit of appointing a number of demonstrators in the different schools out of all proportion to the requirements of teaching. This habit, as I shall show, inflicts grave injury on the real working demonstrators, and will be followed by results the reverse of advantageous to the students. In London, where the closeness of the union between school and hospital imposes a double duty on the staff, we find seven schools with not more than two demonstrators each, three with three, and one only (Guy's) with four. Here, with a smaller average of pupils and lighter work, most of the schools have twice this number, and some of them nearly three times as many as Guy's Hospital. Why this large number in Dublin? It is not that our neighbours have less than are required to work their schools efficiently, for we find that the students they turn out are at least as good practical anatomists as ours. This would not be the case if they were under-demonstrated, nor am I aware of any special obtuseness in Irish intellect that necessitates it. The ridiculous number of demonstrators here is due, not to the fact that they are wanted, but to the fact that the heads of schools think that their success depends on the length of the string of names which they bring before the public. But what harm does this do to anyone? Very great indeed to the working men of the school. The prestige of the office is seriously depreciated by it. Now, *bonâ fide* demonstrators have been and are paid more by the status which they derive from the office itself than by any emoluments which they draw from it. Hence, if you lower the office by unlimited and unnecessary appointments, you inflict upon them a great injustice, and from the services rendered by them it becomes oftentimes a case of robbing the sower of the fruit of that which he has sown. The entire school staff is also injured. A connexion with a school is supposed to favour practice, but owing to the superabundance of "lecturers" school connexion has lost and is losing every day in the eyes of the public more and more of the value formerly attached to it. No man becomes a surgeon by always looking at others operating. No student becomes a practical anatomist by always listening to demonstrators. The one must operate and the other must dissect if either is to become the anatomist or the surgeon. The student is simply ruined by having everything done for him. Now, this is what obtains under a system of over-demonstrating. Need we be astonished, therefore, if we find that two out of every three of our Dublin students could, if called upon, dissect with about the same amount of neatness the coverings of a hernia or the structures that overlie an artery the day they bid adieu to the dissecting-room as they could the first day they entered it. For aught of practical knowledge they possess two years after passing they might as well

never have shown themselves in a dissecting-room. In Dublin students are spoonfed and made idlers of. In London they obtain just that amount of assistance needed to enable them to work for themselves. Need we be surprised if the results be different? Is there any gain to anybody to set off against the injury done to working demonstrators and students? Parents and first-year students are, as it seems to me, led to make choice of this school or that by other considerations altogether. The non-professional knows nothing about such personages as demonstrators. A school prospectus is to him three-fourths unintelligible. The senior student does know, and, aware of the number really required to work a school properly, merely smiles if he bestow a thought at all on the matter. If the parties will only look into the history of the different schools they will find abundant reason for coming to the conclusion that there has been and is no connexion whatever between the prosperity of a school and the existence of an unnecessary number of demonstrators. If they continue as at present they will in a few years so debase the position that no person of merit will be got to accept it. When the age of part payment by position shall have passed away, the only inducement which will provide them with men of even the poorest abilities will be large salaries. This the resources of the schools will not admit of. The charge of students must then be given to men incapable of teaching them.

Now, Sir, as one of the *bonâ fide* demonstrators, I would ask the heads of the different schools to come to an honourable understanding among themselves, and put some limit within the bounds of the actual requirements of teaching to the number of their junior staff. If they fail to do so, the duty of using a little gentle pressure will devolve on those who feel aggrieved by things as they are.

I am, Sir, yours, &c.,

T. LAFFAN,

Demonstrator of Anatomy, Catholic University.

This *exposé*, which still expresses our views, has been remarkably verified by the subsequent history of many Dublin schools. It would be highly invidious for us to particularise names, but everybody recollects the pass to which the managers of one school brought themselves, when, in 1873, they had succeeded so thoroughly in degrading the office as not to find a single competent person within their own walls willing to accept the once-coveted position of Demonstrator of Anatomy. The professors were then obliged to seek abroad in other camps for a competent instructor. It is amazing that school authorities should be so unteachable. The experience of a number of years ought to have sufficed to convince them of the un wisdom of excessive staffs. There are many inconveniences, besides injury to students, loss of

prestige to teachers, &c., flowing from the present state of things. Everybody acquainted with school life will be able to recall to his mind some of these; and it is indeed a matter for surprise that the heads of schools have not before this frankly interchanged views, and reverted to the older and more honest practice.

We do not quite approve of the way in which many demonstrators instruct students. We do not here refer to the idleness and indisposition to labour evinced by so many of the demonstrators. We candidly say we admire these gentlemen for their idleness, for we fail to see why, in an age when the humblest mechanic is so well paid, the pick of our classes should teach the lofty science of anatomy for farcical remuneration. We now allude to that percentage of our demonstrating staffs who did really belong to the cream of their classes, though led subsequently to join a school by some *prava ambitio*. It is lamentable to think what ill effects are wrought by the demoralising example of indolence set by so many demonstrators under the present system. It is responsible for the production of some at least of the corresponding defects amongst students. In many of the schools there are too many set demonstrations. Too much work is by this practice taken off the shoulders of the student. The demonstrator does not even confine himself to the enumeration of the parts exposed to the view of the student, but he too often discourses at great length on branches, continuations, and relations, which are entirely out of the view of the students. We once heard a demonstrator discourse for an hour on the branches of the cranial nerves, when the base of the brain and the superficial origins of the same nerve were the only objective parts before the auditors. The result was that the class went away without knowing even the parts which were alone visible, and which they would have mastered had their teacher confined himself to them. These demonstrations would be excellent in their way if they took in a complete course instead of being confined, as they oftentimes are, to frequent repetitions of some special parts in favour with the demonstrator. We would have them delivered like lectures at stated times, scrupulously confined to the parts

actually exhibited, and couched in as few words as possible. When we were connected with teaching we made it our practice to be as chary of words as possible, to talk of nothing but what we actually showed, to repeat again and again what we had to say until we dinned some, at least, of it into the heads of the heaviest of our auditors; and, finally, we wound up with an examination of the listeners, in which we obliged each to point out some item of the dissections on which we had been discoursing. We would be glad to see less spoonfeeding and more self-help amongst students. The second way in which demonstrators instruct students is by helping them by actual dissections, and identifying individual structures about which they might have a doubt. This last method of assistance is by far preferable, and we would wish to see it occupy a larger portion of the time of demonstrators. We do believe that anatomy cannot be as well taught by lecturing as by judicious demonstrating, and we hope to see the latter department placed on a sounder basis than it is at present. We would limit the number of demonstrators in each school to one to each fifty students. We would make tutorial instruction compulsory in all the subjects of the curriculum. We would require as a qualification for the office of demonstrator that the candidate should have previously obtained a recognised place in the anatomical classes; and we further would require him to prove his neatness at dissection by the test of actual trial. Furthermore, we would appoint each demonstrator after a certain number of years' work in the dissecting room to an hospital *ex-officio*, where such might happen to be connected with the school, as a reward for services rendered. Such of the staff as might wish to pay exclusive attention to anatomy or physiology should not, of course, receive such appointments. We would make, by such arrangements, the position one of the most coveted in the Profession. We would save the students from incompetent teachers as well as preserve them from being demoralised by the indolence of competent ones.

We next come to chemistry. After anatomy, no subject more tries students than this. We believe that this arises from a number

of causes. Defective preliminary education is certainly one of them. A system of teaching the subject beyond the capacity of many of the auditors is another. Again, chemists—like the proprietor of the leather in the fable—are too apt to over-estimate the importance of their own subject, and this gives rise to an utter unbelief in the minds of the students, which is unfavourable to their taking any pains to learn it. Anatomy also, as taught at present, absorbs so much of the student's time that he has not much time left for anything else. Moreover, until lately, chemistry was not examined in at all; and, lastly, there was no certain accord between what was lectured on and what might be examined in. The subject was so extensive that some departments of the field were selected by one lecturer and some by another, and both often differed from that which the examiner was known to take up. We hail, therefore, with satisfaction the limitation of the area of examinations which has obtained the sanction of the Medical Council. It has been very well observed that subjects like chemistry, materia medica, botany, and zoology, are far too extensive either to require being travelled over, or to admit of being travelled over by students limited in time and laden with work. Students so obliged to travel over fields of unknown dimensions learn a smattering of most of them, and nothing really useful about any of them. Quite other is the view we take of the action of the Medical Council in recommending that the teaching and the examining of candidates should not be conducted wholly by the same persons. We dissent as strongly as we can from this recommendation. It has been said that lecturers would favour their own students; that they would be too much disposed to travel over the one track; that outside examinations would infuse new blood, show no favour to students, and give a largeness and completeness to the examinations which could not obtain under the old system. We fail to see why an extern examiner should be so superior to the weaknesses of human nature as to withhold that favour from students which a person of as high a position in the person of a Professor is accused of falling into. We see nowhere any proof of the alleged favour. As regards

the disposition to travel in the beaten track, that is a tendency which has been proved to be the failing of extern examiners quite as much as of teaching examiners. There is, however, a most material difference in the outcome of this common tendency. In the case of the mere examiner it leads inevitably to the worst system of cram—in that of the teacher it eminently conduces to that systematic study which we regard as of more importance than any examination. In Dublin, outside Trinity College, the whole system of education has for years been carried on for the greater part by cram. This has been the direct result of that curious arrangement which excluded teachers from all share in the examination of students at the Royal College of Surgeons. That exclusion has exercised the most deleterious influence on the lecturing system in Dublin. It is, therefore, with great regret that we observe a new sanction and an increased development given to that vicious system by the now recommending Body of the Profession. We must again reiterate our amazement at the attitude of the representatives of the older Universities with respect to this important change. Time will prove the correctness of our gloomy anticipations with regard to it. The Council have had to admit that all the tinkering which they have been making in the examination system has not, somehow, succeeded in producing good students. Within a few years the percentage of rejections has nearly doubled, and leading members of the Council have been forced to admit the insufficiency of mere examination tests; yet, in the face of all this, a proposal has been made and carried which, we believe, is calculated to aim a heavy blow at the educational process in order to unnecessarily magnify the final stamping one. We have once before referred to the mischief done to the study of chemistry by the want of identity between the portions of the subject taught and examined on. The action of the Medical Council will certainly not lessen the mischief in the future. We would recommend that the Professor of Chemistry in each school should be obliged to give regular tutorial as well as professorial instruction to each student. In no subject is tutorial instruction more sadly needed,

and it would, we think, if regularly carried out, conduce to an increased and more general knowledge of the subject. From what we have said as to the value of lectures, it may be easily guessed that we would make attendance on them compulsory. Some persons have proposed to allow students to attend them if they were in the humour to do so. But we must urge our respectful protest against that doctrine. We would take care that no incompetent person would be put over students, and we would then take care that the students should attend him. Dr. Mapother has suggested the system of *concours* as the best for appointing teachers. We entirely agree with that eminent man. The Medical Council should, for the future, have the licensing of all schools, and its visitors should be empowered to require that each person appointed to a chair should first be subjected to a *concours*. We do not propose that these visitors should themselves conduct the *concours*, but that they should be present at them. We would leave the heads of the schools to conduct them, and only require that all the steps of the proceeding should be open to the public. With regard to the teaching of *materia medica*, beyond the recommendation that much of the subject should be mastered during country apprenticeship, we have little to add. It is a subject which is well taught at present in most of the schools. It has been recommended to subdivide the course, and to deliver lectures on *materia medica* in the earlier and therapeutics in the later stages of the student's course. We do not see our way to that complete separation of the two branches of the subject which such a practice would imply. We incline to think that a student who brought up with him a knowledge of some of the subject from his provincial hospital would be well able to master the therapeutical as well as the *materia medica* portions in a single course. More time might certainly be bestowed on the uses of drugs than is now given to them. Too much time is devoted in some schools to lengthy discourses on their chemistry, botany, and preparation. A little less time wasted in those directions would allow of more time for the teaching of therapeutics. Practical chemistry is now taught in nearly all the schools in the

laboratory. Too many students, however, do their work in a perfunctory manner. We see no remedy for this, save in a more practical examination in chemistry. Perhaps in time, when we have got regular visitors of our different schools, it might be made one of their duties to slip into a class examination in practical chemistry, and take notes of the exactness, or otherwise, with which it would be conducted. We do not wish to be understood that we want our students to become chemists, but we would be glad to see them able to conduct a simple analysis. Theoretic chemistry has done much for both medicine and physiology, and will yet do more, and for those reasons we would be glad to see students possessed of a reasonable acquaintance with it. Botany and zoology are useful subjects, but, as at present taught, they make too large a demand on the student's time. The limitation of area recommended by the Medical Council will, in the instances of these two subjects, confer important benefits on students. A knowledge of forensic medicine is of great value, and up to the present it has received but scant attention from most students. Here, too, enforced attendance on lectures and regular class examinations would do much to rescue an important subject from unmerited neglect. Lectures on midwifery are but poorly attended by students. We remember that we ourselves were very inattentive in our attendance at the lectures on this subject. We mention the fact for the purpose of giving personal experience in proof of the great loss sustained by a like inattention on the part of the great majority of students. We well remember the vastly increased trouble which that neglect entailed on us when subsequently mastering the physiological and other parts of the subject. No plates, however good, or descriptions, however clearly written, can take the place of the preparations exhibited in class, and of the verbal descriptions of the teacher himself. In the practical teaching of obstetrics there is much laxity, and much closer watch is required to be kept over the attendances of pupils on cases, and the entries of such attendances in the hospital books. No student ought to be permitted to attend a midwifery hospital without first giving proof

of having mastered the theory of the subject. This could be easily afforded by a certificate under the hands of the lecturer that he had obtained such a percentage of marks at weekly class examinations. It may be said that the lecturer would certify falsely. We would guard against this by requiring each lecturer to preserve an official record of such examinations, and by punishing with dismissal at the hands of the Medical Council any lecturer found guilty of falsification. We are strongly of opinion that every school ought to make provision for a short course of lectures on psychological medicine. When we bear in mind the percentage of acute cases that are curable, and the great mischief that accrues from the almost complete ignorance of every-day physicians and surgeons of the subject, the necessity for a change will be at once admitted. We do not think that the poorer schools ought to have a regular lecturer on the subject. Provision might be made without such addition to the staff by, say, the lecturer on forensic medicine giving a short course of some half dozen lectures on the subject. Hygiene has now become of leading importance. We are not prepared to recommend the establishment of a chair of hygiene. We believe that the rudiments of it may be learned from books without the formality of lectures. Students will not have time for everything, and as we have a strong opinion that the practice of hygiene ought to be relegated to a special class of practitioners, so we are also of opinion that its study and teaching ought to be conducted at a special school. Government might either extend and open Netley for the special instruction of those devoting themselves to the department of Public Health, or it might establish a special school in each division of the three kingdoms. It is only the other day that we read in one of the newspapers of a Continental Government which has set us an example which we would do well to follow. At Berlin they have just established one; in France they have had one long since for original research in therapeutics, in physiology, and in subjects relating to hygiene. We think the time has come when Government might do something more for original research in these countries

than worrying investigators who, at their own personal expense, are engaged in prosecuting inquiries into nature. It is simply surprising, when we consider the love of life that animates the whole of us, that nothing has been spent on researches for its prolongation by a Government which has spent so much on experiments for its destruction. Whatever has been done to improve our means of preventing and combating disease, and so of alleviating and lengthening life, has been achieved by the unpaid and even unthanked labours of our Profession. How marked is the contrast which we present in this respect to other callings.

In some of the schools reading-rooms are provided, but they are sometimes of doubtful advantage. We have seen them too often converted into lounging-theatres, and their unread books made a pretext for slipping lectures.

The following is the course of study which suggests itself to us:—First year: Residence with provincial hospital surgeon; close attention to minor surgery, auscultation, &c.; study of all the bones; rudiments of chemistry, pharmacy; such parts of *materia medica* as may be learned without any great botanical or chemical knowledge; rudiments of medicine and surgery. Second year: Attendance at metropolitan medical school; anatomy; theoretic chemistry; clinical surgery. First summer: *Materia medica*, botany, clinical surgery, and clinical medicine. Third winter: Physiology, anatomy, surgery, clinical surgery, and clinical medicine. Fourth winter: Medicine, midwifery, practical surgery, pathology, clinical surgery, and clinical medicine. Third summer: Forensic medicine, practical chemistry, and hygiene. Fourth summer: Clinical surgery and clinical medicine; practical midwifery; and then comes on psychological medicine, pathological anatomy; histology, with microscope.

Such is the order of studies we would lay down.

SCHOOLS OF MEDICINE.

We now propose to give a brief account of each School of Medicine. We shall note attractions offered by each, over and

above those required by the regulations of the various Licensing Bodies. We shall begin with the Dublin schools.

Ledwich School.—In addition to lectures on the curricula required by the Licensing Bodies, there is a special course of ophthalmic lectures. No less than seven demonstrators are on the staff. The tutorial system is chiefly relied on. Practical anatomy is much cultivated. The chief specialty of this school is its intimate connexion with an extensive hospital.

College of Surgeons, Ireland.—In addition to the required curriculum, lectures on comparative anatomy, practical surgery, hygiene, and ophthalmology are given. Eight demonstrators are connected with this School. A splendid museum and library are attached, and the staff are of the very highest class.

University of Dublin.—Students can be supplied with a complete arts course here. The specialties are special and well-paid professors in comparative anatomy and operative surgery. The University offers liberal inducements in the shape of exhibitions and scholarships.

Catholic University School.—Six demonstrators are connected with this school. The exhibitions and prizes are liberal. There is no mention made of any lectures outside the indispensable curriculum, with the exception of a course of ophthalmology and the institutes of medicine. Facilities, however, exist for arts courses.

Carmichael School of Medicine.—The specialty was its proximity to three magnificent hospitals. The prizes and exhibitions are liberal enough. In addition to the required courses, lectures are delivered on practical physiology and ophthalmology. This school has been going down for some years past, and it has recently parted with its specialty by change of site. Its present condition is a strong evidence of the necessity for school amalgamation.

Queen's College, Belfast.—This is a flourishing school. No extern courses are given. There is but one demonstrator. Arts facilities exist. The clinical and practical instruction are not equal to those of the Dublin schools. The teaching appliances are, however, excellent.

Queen's College, Cork.—There is no mention of any extra curricular course here. Arts facilities exist. The practical and clinical instruction are decidedly inferior to those of the Dublin schools. The teaching appliances are, however, of a very superior description.

Queen's College, Galway.—No mention is made of extra curricular courses. Arts facilities exist. Clinical and practical instruction are most inferior. There is great scarcity of material for practical anatomy. The apparatus for teaching is not much inferior to that of the other two Colleges. The chief specialties of this and of the two preceding Colleges are cheap lectures, numerous bursaries, and clinical and anatomical instruction decidedly inferior to those of Dublin.

SCOTCH SCHOOLS OF MEDICINE.

Anderson's University.—The only specialty of this school would seem to be a special preliminary course of anatomy for beginners in summer, and a course of operative surgery in same session. There is no separate demonstrator here.

Schools of Medicine, Edinburgh.—This has a special lecturer on pathology, and special courses on surgical anatomy, practical surgery, surgical appliances, vaccination, diseases of children, and ophthalmology.

University of Edinburgh.—A special course on pathology exists, as also on mental diseases. Arts facilities of course also exist. Clinical instruction is of a very superior character. There are also special courses on diseases of women.

University of Aberdeen.—The only extra course is that on comparative anatomy. I should not forget to mention that instruction in practical anatomy is given in summer.

ENGLISH PROVINCIAL SCHOOLS.

Bristol School of Medicine.—The only extra course is one on pathological anatomy. Extensive clinical facilities exist. This school enjoys an unhappy pre-eminence. A larger percentage of its students have lately been rejected at the English College

examinations than of any other school in the three kingdoms. Great disputes have taken place between some of its managers and the heads of Bristol University College. These have disclosed a condition of things so much below par as to have even raised the question of the disfranchisement of the School. Its condition has, however, been of late improved.

Cambridge School has lecturers on practical physiology, and on zoology and comparative anatomy. It has also summer classes in practical anatomy and histology. The clinical instruction is decidedly inferior. The arts facilities and the University prestige constitute, perhaps, its attractions. Great efforts have been made of late years to increase its attractions by the establishment of a tripos in which the medical element can compete, and by enlarging its staff, and by allowing arts to be first disposed of at the previous examinations at the end of the first year, and even at the local examinations, before going up to the University. The staff of the school is still incomplete, but the University authorities propose to add—1st, additional clinical teachers; 2nd, a lecturer on pathology; 3rd, a lecturer on surgery; 4th, a lecturer on midwifery; 5th, a lecturer on forensic medicine; 6th, a lecturer on mental diseases; 7th, a lecturer on sanitary science.

Oxford School of Medicine.—The disclosures which have been made concerning this defunct school are most painful. It has long ceased to exist in a complete form. The funds provided for its maintenance have nearly all been perverted. The Professors it possesses either do not lecture at all, or do so on subjects entirely alien to the regular course of study. From a return which has been published, it would appear that over £7,000 a year ought to be applicable for the support of this school. At the present moment Oxford turns out an average of seven graduates per annum, from which it would appear that the cost of their production might be set down at about £1,000 per annum. The condition of this school is a disgrace to the Government of these kingdoms. Were its perverted funds re-applied to their original purposes, and the school re-constructed, Oxford would be the means of largely

re-uniting medicine to University training, and exercising a vital transformation in the relations of the whole Profession in England. Legal proceedings should be taken, or, if these be not practicable, an Act of Parliament should be obtained, to restore the revenues of this lost school.

Liverpool School of Medicine has lectures on pathology, ophthalmology, operative surgery, dental surgery, and comparative anatomy.

Manchester School has special courses on practical histology and on comparative anatomy. There are also courses on general pathology and on hygiene. Arts facilities exist in Owens College, of which this is now the medical department. There is a staff of medical demonstrators attached to this school.

Queen's College, Birmingham.—There are special courses on ophthalmic surgery, dental surgery, and on comparative anatomy. There are arts facilities. Liberal scholarships are provided, as are also residences for students.

Sheffield School of Medicine.—There is a course of practical physiology, and another on dental surgery. There are three demonstrators. There are also special courses on comparative anatomy. There are demonstrations on pathology, microscopy, and on diseases of the eye.

University of Durham School of Medicine.—This school is entirely apart from the University, being situated in Newcastle. There is a special course on practical pharmacy. There are also courses on operative surgery, mental diseases, and on pathology. There is an official medical tutor.

THE LONDON SCHOOLS.

Charing Cross Hospital has lectures on comparative anatomy and practical physiology, on mental diseases, on hygiene, and on practical surgery. There is tutorial clinical instruction in the hospital, and the student's knowledge of anatomy is frequently tested by class examinations. There is also a demonstrator in chemistry, who renders material help to students. The prizes, exhibitions, and honours are of a very liberal kind.

St. Bartholomew's Hospital School.—There are special courses on comparative anatomy, pathology, ophthalmology, and on dental surgery and histology, and also on mental diseases. Residences are provided for students. There are several special clinical courses. The prizes, exhibitions, &c., are particularly valuable, as are also the clinical appointments and advantages at the disposal of students.

Guy's Hospital School.—There are special courses on practical physiology and on operative surgery. There is a special demonstrator for the use of the microscope. There are special courses on ophthalmology and pathology; there are also courses on comparative anatomy and hygiene; there are likewise courses on mental diseases and on dental surgery. A special feature of this hospital and of the preceding is the aggregation in particular wards of the most interesting clinical cases. The museum affords great educational advantages. The clinical appointments at the disposal of students are numerous and important. The prizes and exhibitions are equally so.

King's College.—There are special lectures here also, while the clinical appointments are as liberal here as elsewhere. Tutorial instruction forms an integral part of the system of instruction pursued.

London Hospital.—Special advantages are offered to University graduates and undergraduates. Special courses of lectures are given on ophthalmic, throat, and skin diseases, on vaccination, and on mental diseases, dentistry, and on practical pharmacy. Great facilities for clinical instruction are offered in the shape of numerous dresserships and clerkships. Many prizes and exhibitions are also offered.

St. Mary's Hospital.—The prizes, exhibitions, and appointments of this school are particularly valuable, and the school enjoys the peculiarity of conferring all those distinctions by open competition.

Middlesex Hospital.—The prizes, appointments, and exhibitions are here also very liberal. The College-tutor system is here, as in other London schools, in beneficent operation.

St. Thomas' Hospital.—There are special departments for diseases

of the skin, ophthalmology, and dental surgery. Every student has the opportunity in this, as in other great London hospitals, of obtaining practical appointments connected with the hospital. The prizes and exhibitions are very good.

University College Hospital.—Provision is made here also for adequate tutorial instruction, while offices, prizes, and clinical instruction are all that could be desired.

Westminster Hospital.—There are separate departments for skin and dental diseases and for ophthalmology. The prizes and appointments are equally liberal with those of the preceding hospitals.

School of Anatomy, Physiology, and Practical Surgery.—Liberal as are the London schools, on paper, of facilities of every conceivable description for the study of Medicine and its allied sciences, there would still seem to be a want, judging from the establishment of two primary or supplemental schools to fill some seemingly real vacuum. This school is conducted by Mr. Cooke, and consists of an anatomical coaching establishment.

St. George's Hospital.—The prizes, exhibitions, and clinical appointments are as liberal here as in the other hospitals.

We think that two, or at most three, schools should take the place of the large number of existing London schools. The scanty emoluments derived from teaching prevent men devoting their lives to that department. The chairs are therefore filled by inferior men, or by men who pay them inferior attention. This is the real explanation of our inferiority to our Continental brethren as teachers and prosecutors of original research. Attempts have been made to bring about amalgamation, and, as an imperfect substitute for the present, twenty-five per cent. has been tacked on to the fees in all London schools, with four exceptions, and in Owens College, Manchester. It is needless to remark that no attention whatever has been paid to the latest recommendations of the Medical Council by any of those schools. A suggestion which we deem a valuable one has been thrown out—that a course on dentistry should be given in each school.

Other London Hospitals.—There are several other London hospitals—some special, others general—all unprovided with medical schools, but each capable of affording valuable clinical instruction.

Provincial Hospitals unconnected with Schools.—The ones which chiefly invite attention are—The Norfolk, the North Staffordshire, the Wolverhampton, and the York County Hospitals; Bath Hospital, Bedford Infirmary, Berkshire and Bradford Infirmaries; Gloucester, Hants, Hull, and Kent Hospitals; Leicester, Northampton, Nottingham, Salisbury, Salop, Worcester, and Sussex Infirmaries. We mention these as they are the only ones which solicit notice from the Profession.

Hospital for the Instruction of Women.—We had nigh omitted to mention that a special School of Medicine has been opened for the instruction of women, and that it has been arranged that the necessary clinical information is to be afforded by the Royal Free Hospital. Two entrance scholarships are, it would seem, deemed necessary to stimulate the medical ambition of the fair sex. The various appointments are arranged to be disposed of by public competition. Several of the chairs are appropriated by the ladies.

Provincial Hospitals.—In addition to the hospitals previously enumerated, which are utilised for clinical instruction, there is a complete network of voluntary and county hospitals scattered throughout England, Wales, Scotland, and Ireland, which, under a proper system of medical regulations, could afford practical training fields of the very first importance to medical students. The number of patients treated in those hospitals for a single year is over 180,000, and the number treated in all the clinical hospitals put together is but a mere fraction of the above number.

Workhouse Hospitals.—It is not merely that we have voluntary hospitals shut out altogether from the field of clinical teaching that are capable of yielding an immense field to students, but we have in the workhouse hospitals still larger and more valuable opportunities utterly unutilised under present arrangements.

IRISH CLINICAL HOSPITALS.

Jervis-street Hospital.—This is a small hospital, but its central position brings many valuable surgical cases to its wards. It has a valuable dispensary, and is capable of yielding an immense amount of practical instruction to students. It is about being re-built on a grand scale.

Meath Hospital.—This has long deservedly enjoyed the reputation of being one of the most carefully-served clinical hospitals in Dublin. It enjoys the advantage of affording instruction in contagious as well as other kinds of diseases.

The Adelaide Hospital is another of the clinical hospitals; it is centrally situated, and affords valuable instruction.

The Richmond, Whitworth, and Hardwicke Hospitals.—These hospitals are amongst the first in the three kingdoms for the extent, the variety, and the importance of the clinical field they present.

Mater Misericordiæ Hospital.—This hospital affords extensive opportunities for clinical instruction.

St. Vincent's Hospital.—This is chiefly a medical hospital, but its medical wards are excellent, and its staff remarkable for their zeal and ability.

Sir Patrick Dun's Hospital has of late years become an admirable clinical hospital.

Mercer's Hospital is filled with valuable surgical cases, and its clinique is one of the best served in Dublin.

City of Dublin Hospital.—From its intimate connexions with more than one medical school, has its clinique carefully attended to.

Rotunda Hospital is one of the best obstetric hospitals in Europe. It is one of the great attractions of the Dublin school.

Coombe Hospital.—The obstetric education afforded here, especially in the out-department, will ever constitute it a most valuable educational agent.

St. Mark's and other Special Hospitals.—Clinical opportunities of a special kind are afforded by the above. Two orthopædic hospitals have recently been founded, making three in all in Dublin. There are also other eye hospitals besides St. Mark's.

SCOTCH CLINICAL HOSPITALS.

The Aberdeen Royal Infirmary contains three hundred beds. There is nothing special about its clinical instruction. It is good, but does not appear to go in for any particular excellence.

The Aberdeen Ophthalmic Hospital affords special instruction to the University students in eye diseases. Professor Harvey, however, offers particular advantages in materia medica and pharmacy.

The clinical requirements of the Edinburgh students are mainly met by the Royal Infirmary, the Royal Maternity, and the Royal Hospital for Sick Children. The first-named institution has long supplied everything in the way of clinical instruction that the most advanced ideas, the greatest industry, the highest abilities and a large clinical field could supply. A number of special institutions are also at the disposal of Edinburgh students.

GLASGOW HOSPITALS.

The Royal Infirmary, with its five hundred and eighty-four beds, affords the students of the Glasgow schools a clinical field which is second to none. Their special needs are supplied by the Locke, Maternity, Skin, Ophthalmic Hospitals, &c.

Glasgow Royal School of Medicine.—There is nothing to be said of this school beyond the fact of the advantage an extensive hospital confers on it.

SCHOOLS OF PHARMACY.

There are two special schools for instruction in pharmacy. Both are situated in London. One is connected with the Pharmaceutical Society. It is provided with the amplest means for instruction in pharmacy and the cognate subjects. The results of its practical teaching, and of the carefully regulated examinations which follow, are to be seen in the highly educated pharmaceutical chemists who are now scattered through England and Scotland. It would be useless for us to pretend that the state of pharmacy in these countries has attained to anything like the same cultivation that it has in France. Our Gallic neighbours have brought it to wonderful perfec-

tion. We do not think that this is entirely due to superior scientific culture. Greater national aptitude and more complete separation of the pharmaceutical calling from other pursuits, have contributed their respective shares to bring about the result. Though we must still speak of English pharmacy as being vastly inferior to that of more than one Continental nation, yet such unmistakable evidences are afforded of improvement during the last twenty years, that England bids fair to soon attain to the same level as other countries. Of Ireland there is little to be said. The foolish ambition of apothecaries almost left us without any pharmacists at all. It is too soon to expect results from our new Pharmaceutical Society. They have not as yet established any school for special instruction. This must be one of their first steps towards placing their art and themselves on a level with pharmacy and their brethren in England.

CLINICAL INSTRUCTION.

We now come to the all-important subject of clinical instruction and the state of the hospitals of these countries. We have before enumerated the principal divisions which may be made of our hospitals. They are, let us repeat, the clinical, the voluntary, and the Local Government Board hospitals. The clinical hospitals comprise the principal institutions for the relief of the sick in the three metropolitan and a few provincial cities. There are a few others to which, until lately, some minor clinical privileges were exclusively attached. These might be counted on the fingers. From this it will be seen that only a small proportion of the entire hospital beds of these kingdoms has been utilised for the purposes of clinical instruction. One of the consequences, I may say, up to the present, is that the hospitals which are utilised are simply unable to supply adequate practical instruction to the disproportionate numbers that are coerced to exclusively frequent them. What all this ends in we have before more than once plainly alluded to, and we have also suggested the proper remedy. For a time at least a narrow conception of their own interests will prevent the governing authorities coercing students to avail them-

selves of the vast hospital resources at present unused. Already some of the leading London schools have made arrangements by the appointment of an absurd number of dressers—absurd as regards the resources of the hospitals—to keep the letter and frustrate the spirit of the forty-third recommendation made by the General Medical Council at its sitting in 1877. If this recommendation is to be anything but a mere form, the Medical Council must go a step further and regulate the number of appointments that can be made yearly by each recognised hospital. Within the last few years quite a revolution has taken place in the views of the medical public with regard to hospitals. The illustrious Simpson was the inaugurator of this change. We do not pretend of course to state that his views are accepted in their entirety. Practically speaking, Simpson would abolish hospitals altogether, and locate the patients in separate houses. Such a design, we need not say, would be impracticable, even if it were necessary. The Profession may be said to hold a middle opinion between the extreme views of Simpson and those which were accepted previous to his Herculean inquiries into the relative surgical mortality of private houses and of hospitals.

At present moderate-sized hospitals, well ventilated, provided with abundant cubic space, placed on a suitable soil, and on a sufficient quantity of ground, and limited to a certain maximum number of beds, are universally accepted as the types of what hospitals ought to be. It is equally held that where circumstances render imperative the aggregation of a large number of sick, that these should, if possible, be located in hospitals built on the pavilion type, which latter consist in effect of a cluster of smaller hospitals with a minimum amount of intercommunication. Various statistics have from time to time been published in support of or in opposition to Simpson's figures, and it is not too much to say that the decisive verdict cannot yet be pronounced. When it will be pronounced it may be such a one as will seriously increase the difficulties of clinical students and teachers. Meanwhile enough is established to render undesirable in the interests of the patients the great

tendency towards aggregation and centralisation of patients, which it has been the practice of the metropolitan Profession to promote in every way in their power. When once it becomes thoroughly known to the public that a patient who requires an operation to be performed adds to his risk (allowing even for superiority of skill in the metropolitan surgeon) by transferring himself from the pure country air into the poisoned atmosphere of city wards, then indeed will it be impossible for those surgeons to provide full hospitals and large clinical opportunities. The system of appointment to our hospitals is not exactly what medical reformers desire. Money, nepotism, influence, sectarianism—one of them, or all of them together, are far more potent “open sesames” than merit pure and simple. The cream of the medical classes do not as a consequence form, to say the least of it, the entire staffs of those various institutions. In some places, as in Dublin, there is no age for compulsory retirement, and men consequently have been known to hold on long beyond the period of their being useful. In other ways students suffer from the present arrangements. Some hospital men have not what the Germans would call aptitudes for clinical work; some have not time, and others, again, are so soured with the struggles of life, and the non-appreciation of the public, that they will not find either time or patience or disposition for the work. It were very much to be wished that the French system of appointing by *concours* were introduced into our hospitals. We would suggest as one of the first tasks which a reformed Medical Council should set itself to would be the visiting the various hospitals recognised by it. Such a visitation would be expensive, tedious, and wonderfully affronting to the dignity of hospital staffs; but if made by independent men, and followed up by independent and public reports, the mere nurslings of influence would be exposed before a twelvemonth. In Edinburgh the hospital appointments are only held for ten years. This is a defective system. In London men are forced to retire at sixty-five, and this is the best arrangement that could be devised. No hospital should be without a resident surgeon, and every hospital should have its assistant

physicians and surgeons chosen by *concours*, its full officers by seniority, and its consultants by age. The assistants should act as clinical tutors to all second-year students completing the initiatory work where left unfinished after provincial apprenticeship. They should, as at present, do the out-patient work, though we doubt that as much might be made of this for the instruction of advanced students as some admirers of novelty would have us think.

We know of nothing so important to practitioner or student as thoroughness of examination of patients, and nothing, to our mind, would be so fatal to the formation of this habit as sending students to dabble with the myriads of patients that frequent out-patient departments. In a former part of this Essay we have discussed other professional bearings of out-patient abuses. We have just now to deal only with their educational ones. We can conceive nothing more utterly demoralising to learners than the slipshod method of examination and treatment which they witness in these dispensaries. We frankly confess that we have no great sympathy with the mischief which this inflicts on the patients. The wholesale frauds practised on us merit no other return. When knaves propose to steal bread, those whom they design to rob need not be expected to weep when the pilferers are only able to make away with stones. We are aware that Parkes propounded this view; but, despite of his great name, we must respectfully urge that methodical and thorough mastery of clinical work can only be acquired in hospital wards. Where indeed there may be a dearth of material, then, of course, some such shift will commend itself to the advocates of metropolitan monopoly; but so long as a mere corner of the clinical field is being cultivated, we must object to the use of any such shifts. Very great injustice is inflicted on provincial surgeons and physicians by the laxity of the system of admissions to metropolitan hospitals already referred to. Preliminary inquiries through local surgeons, if thoroughly carried out, would put a period to the wholesale plunders at present in full operation. The question has arisen from time to time as to the exact place which our Profession ought to hold in the government of

hospitals. In the case of voluntary hospitals, where there is no Central Governing Body to control the vagaries of laics, it is necessary that the medical staffs should be represented on the Governing Boards. There is a vast difference in the amount of power possessed by an individual who sits on a Board as contrasted with that possessed by another who merely attends it. In the administration of an hospital occasion will occur every other day to demand the exercise of direct medical influence, and, accordingly, in voluntary hospitals we regard the participation of the staff in this general government as perfectly indispensable to effective and harmonious working. The question of payment of medical officers to voluntary hospitals is one which imperatively calls for solution. It is simply monstrous that the officers to such institutions should give those services for nothing for which everybody else is paid. We confess we have no hope of any change until we have a reformed Council and a re-constructed Profession. There has been of late years a great change in the way in which we utilise hospitals for the instruction of students. Formerly there was nothing to prevent a student from absenting himself during the whole of his student-ship from all hospital wards. At most he might frequent them in person without further profiting by his visits to them. Our Irish Graves was one of the first to institute a different order of things. Doubtless he bethought himself of the ruinous loss which the barren disputations of the school-men had for hundreds of years caused to science; and that the time had arrived when a reversion to that experience and observation, from which their useless theorising had withdrawn men, would be productive of those solid gains of which we have long had now practical proof. The clinical instruction afforded by our hospitals is almost as varied in its quality as may well be imagined. In some of them considerable care is taken to instruct students properly; in others the teaching is very indifferent; and there are those again where the class is more indebted to the interesting nature of the cases themselves than to any use which their instructors make of them. If students are to receive the full clinical value which individual hospitals are capable of

affording, we must have negligent teachers liable to public rebukes at the hands of the visitors of the Central Board. It would be entirely wrong, however, to throw the whole blame on teachers. Pupils themselves are largely culpable. It is too much the fashion of many students to walk the hospitals, and come out as poor as they go in. Others again walk the hospitals after another manner, listening with more or less attention to the remarks of the physician, or looking on with more or less care at the manipulations of the surgeon. Such students pick up a great many facts, but they never pick up the way to examine a patient, make a diagnosis, plan a line of treatment, and note from day to day the varying shades of progress or retrogression of individual cases. These are the students who run from one end of the city to another to look at an operation which they will never be called upon subsequently to perform for themselves, who strain their auditory organ to hear sounds that exist only in the imagination of their instructor, and who, in fine, are diligent crammers, but poor and barren students. There is one way to impart clinical knowledge, and that is to place the students as nearly as possible in the position of a responsible medical attendant. This way was long since introduced into the Meath Hospital by Graves, and it has served to produce many clinical observers who are an honour to science and to their country. Murchison and others have of late years been carrying out in England a system of instruction which, in all its main details, is identical with that of Graves. This plan consists, let us remind our readers, in placing two or three patients under the immediate charge of each senior student. Each such student examines into symptoms, history, &c., of each case, makes the diagnosis and formulates the treatment. He does this either from the instruction afforded by one of those little books for case-taking, or from direct help given him in the first few cases by some more advanced students or by his clinical teacher. He is then examined *vivâ voce* in the presence of the class, his opinions criticised, his mistakes corrected, and his treatment remodelled, so as to place it, where necessary, in accord with the views of the physicians. The

patient, it will be seen, is never under such a system as this handed over, as whole masses are in England, to the tender mercies of unqualified assistants. He has, on the contrary, the benefit of the most searching inquiry into his whole case, and of a thorough consideration of everything that would bear on the proper course of treatment. The student, on his part, learns how to acquire knowledge, which is of far more importance than to cram his memory with the discordant views of Continental professors on important points of doctrine and practice. Such a training as this cultivates every faculty of mind and sense. The observation is called into requisition; the powers of comparison, judgment, memory, and invention, are all in turn exercised in the examination, diagnosis, and treatment of cases. A student who does not receive such a training as this seldom subsequently acquires a systematic method of examining complicated cases. He merely skims over the surface and makes a haphazard induction, as oftentimes wrong as right, from a few leading symptoms and data. The man who had received such a training may not be able at all times to probe symptoms to the bottom; but if he fail it will be because the case is beyond the compass of scientific elucidation, not because of any want on his part. In many of the hospitals this system is either not introduced at all, or is imperfectly carried out. It is a matter for grave consideration whether, having regard to its proven superiority, its practice should not be made compulsory and universal. We think it is Dr. Ashe who suggested that students should be made to produce the notes taken by them for the examination and criticism of the examiners. We heartily agree with this suggestion, and can conceive nothing more calculated to ensure practical clinical work by students. We have before suggested that the assistant officers should act as clinical tutors, and the duty should devolve on them of giving practical instruction in the laryngoscope, ophthalmoscope, endoscope, sphygmograph, &c. The duty also should devolve on them of inspecting the students' note-books from time to time, in order to make sure that they would be *bonâ fide*. We would also give them the same general supervision over students within

hospital walls that we would require of the school tutor within school walls. It would thus become one of their duties to mark the daily attendance of pupils in the hospital wards. Another duty which we would assign to them would be to register and collate all cases left unnoted by the senior staff. At present in no hospital is there anything like full use made of the clinical material at the disposal of the staff. Such a task as this would not be so impracticable as might be imagined, for, what between the notebooks of students and the cases that would be noted by the senior members, little would be left for them to do but to collate the rough material placed ready to their hands.

There has been of late years a great development in the special hospital department. We soon shall have special hospitals for the treatment of every tissue and every organ in the body. We cannot but regard this state of things as anything but satisfactory to clinical medicine. Everybody must acknowledge that a certain amount of specialism conduces to greater perfection in practice. No one can dispute that ophthalmology is a proper subject for special practice; yet there are not wanting evidences that the general practitioner should have a fair knowledge of it, if he would do his duty by the public; and that to make him acquire this knowledge, ophthalmology should be made a compulsory part of the curriculum. There may, perhaps, be one or two other departments of the surgical field that ought to be relegated to the special care of individual surgeons. In medicine, however, there should be less tendency to acknowledge the utility of special departments. All these special divisions of the medical and surgical field should be located in separate wards under the common roof of a general hospital, and not, as at present, scattered in different corners through the length and breadth of large cities. Students have suffered immensely from this scattering of clinical material. The general hospitals themselves, their patients, and the public, have participated in the loss. These latter have suffered by reason of the diversion of funds which the special hospitals have caused to be spent on additional staffs, house rent, &c. Each one of those

items represents, of course, so much taken away from the maintenance of the additional patients who, but for this increased cost of staffs, could be supported in the larger hospitals. The nursing arrangements have material relation to the state of our hospitals. Despite of the labours of a host of philanthropical persons during the last few years, the nursing arrangements of most of our hospitals are still most imperfect. In some of the London ones and some of our Dublin ones the nearest approach to perfection seems to have been attained. In those London ones referred to, the nursing is done under a combined arrangement of lady superintendent and women nurses. We can conceive no nursing that could equal the tender care of the intelligent wife or mother, but the nearest approach to this will, we think, be found in the above system. The nursing carried out under the personal direction and exertions of the Sisters of Charity and of kindred orders is, at least, not inferior to that to which we have above referred. Personal experience induces us to look with something like horror on the work done by nurses of the common sort. They are, as a rule, so neglectful, and in some instances so dishonest, that there is no safety in entrusting life to their charge. Nothing that we can conceive can bear a more important relation to clinical studies and clinical results than proper nursing. It will be impossible to gauge the value of medicines, to measure the utility of lines of treatment, to benefit humanity, give the student a proper insight into disease, and advance science, so long as the physician or surgeon's main tools are of doubtful point. The presence of a resident surgeon conduces to keep nurses in order, and is also, from a medical point of view, of the first consequence to patients. Thanks to the Dublin Corporation, most of the hospitals of that city, so long behind every other in this respect, now enjoy the advantage of a qualified resident officer. The question of nurses leads, by an easy transition, to that of midwives. Some of our hospitals are engaged in manufacturing midwives for the service of the public. We cannot say that this self-imposed work is carried out with all the exactitude that the interest of the public demands. Amateurs, who have no prac-

tical experience of country life, are never done vaunting the advantages of midwives. It has been our duty to notice, in the leading columns of medical periodicals, the grievous ills which our hospital-trained midwives every day inflict on the community. We readily acknowledge that the task of being a useless spectator at one of the most important of Nature's acts, is one which it is neither dignified nor necessary that our Profession should be engaged in. The advantage of relieving the physician from the slavery of attending the mass of wholly unnecessary cases will be readily conceded. The still greater advantage of providing that mass of cases with skilled instead of unskilled nurses, will also be admitted. There is a great necessity for a national provision for the care of lying-in women; and the London Obstetrical Society has but given form and shape to the universal opinion on the subject in its well-known proposals of last year. It is not necessary that we should here discuss at length the merits and details of those proposals. We are here chiefly concerned with the hospital aspect of this question, and we have introduced the subject only from its connexion with it. It is, as we have said, a matter of great importance to relieve the Profession of unnecessary and slavish labour, and to provide trained midwives for the sick; but we have before this been obliged to point out that these trained nurses do not prove an unmixed blessing. Ever and anon these trained women—trained to do nothing more than perform the part of skilled nurses—are found usurping the place and the position of medical men. More than one case has come under our own personal observation in which the ignorant presumption of these women has led to loss of life. Their training only fits them for attendance on natural labours, and for being able to discern without being able to treat deviations therefrom, yet we have known cases where the presumption of such ignorant persons prompted them to keep in their hands, until medical help was too late, cases of the most complicated kind. Now, we hold the hospitals which trained, or, as these women magniloquently call it, licensed them, largely responsible for all this. In some instances women neither able to read

nor write have been let loose on the public; and we know of one instance where, in consequence of this, a whole packet of powders was administered to a lady instead of a single one, to the imminent risk of her life. The proper course which our hospital authorities ought to take with respect to midwives seems to us as follows:—

First—Every person desiring to become a midwife should be examined in reading and writing, and the rudiments of arithmetic.

Second—The terms trained nurse and certificate should be substituted for midwife and diploma respectively. The term diploma, we should parenthetically remark, trifling as it may seem, has had a larger share in puffing those people beyond their sphere than can be readily imagined.

Third—Each woman should be bound, under penalty of forfeiture of certificate, to send for medical assistance in every case where the state of the patient would pass beyond the narrow sphere of labour assigned to her.

Fourth—A register to be made out, like the present “Medical Register,” for the inscription of the names of these women, together with a preface laying down clearly, for the guidance of the public, the limited extent of their training, and the conditions, &c., annexed to their certificates.

Fifth—With a view to insure closer watch over them, it is a question whether, in addition to the rule prescribed by number three, they should not be obliged to summon, for the purpose of a momentary inspection, a doctor in every case, whether the labour had been natural or not. Such flying visits would occasion no inconvenience to the members of the Profession, as it is not the mere visit, but the prolonged waiting, that at present causes so much hardship to them. We would, subject to these or somewhat similar regulations, make the appointment of midwife compulsory for every dispensary district in the kingdom, and punish unqualified practice as a misdemeanour. We would, by these regulations, benefit the poor, the Profession, and the hospitals, whose present imperfect arrangements we have been criticising. In order to carry out some such national scheme for the education and government of midwives, a reformed Medical Council must be invested by Act of Parliament, with ample powers for that purpose; and it is with

great satisfaction, therefore, that we have seen that the Medical Council has shown no indisposition to accept such a trust when imposed on it. We look forward to see the day when the entire hospital system of each of the three kingdoms will form one network under one great central Board in each kingdom; when every appointment, from the dresserships to and including the assistant physicians and surgeons, shall be given away by *concours*; when a provincial physician or surgeon who may deserve it shall be promoted from a local to a central hospital; when there shall be no working for nothing, and when the maximum shall be extracted for the advancement of science from the entire clinical resources at the disposal of this great hospital staff.

PART III.

CHAPTER XVI.

The State and Mode of Examinations, or of Testing the Qualifications of Candidates of the different Licensing Bodies in Medicine, Surgery, and Pharmacy.

DURING the past few years great and material improvements in the strictness and scope of the various examinations have taken place. A number of causes have conduced to this. The action of the Medical Council has had a large share in bringing it about. Next, we might quote the increased anxiety for advancement evinced by the members of the Profession. Lastly, the general progress of the age has made itself felt. There are few Bodies now at whose doors very material charges of neglect may be made. On paper at all events each seems to vie with the other in levelling up its examinations. Somehow or another, despite all this, uncharitable people are still unconvinced, and there are numerous hints and queries as to how the large percentage of indifferent men, whom no regulations have made industrious and no instruction made learned, contrive to get qualified. During the last few years the percentage of rejections has nearly doubled—a sure sign of increasing strictness of examinations on the one hand, and of no corresponding increase in educational facilities on the other. Despite of this increased percentage of rejections, it is matter of notoriety that very few of those plucked men are obliged to abandon the Profession, and that the great majority at the last pinch find some portal wide enough to admit them. Everyone that is acquainted with school life well knows that the school ruck are as secure as ever they were in finding a haven in their troubles. From the list which we subjoin of the various examinations, and which we have carefully collated from

the minutes of the Medical Council, it will be seen that many imperfections still exist in many of them, and yet that considerable advances have been made by every one of them. Even as we write very many of the defects objected to are being remedied, and there is every reason to think that so far as the stamping or examinational process is concerned, self-government without the violent revolution of conjoint schemes would effect, in a few years, all the completeness of which that process is susceptible. Let us now come to the different examinations. First, however, as regards the Boards of Examiners, great imperfections have existed, and to some extent still exist in many of them. The Governing Bodies have too much monopolised these lucrative posts in their own persons or the persons of their friends. In some instances men without experience or adequate claims, in others men confessedly past their work have been made permanent fixtures on them. In Dublin a very absurd system prevails, by which only non-teachers are eligible to be examiners. In the London College the Council for a long time kept everything to itself; latterly non-councillors have come in for a share of the good things, and we now hear of a proposal to go for examiners outside the College altogether. We decidedly think that no person should be eligible to examine in any subject in which he had not been a teacher for a number of years.

The Medical Council has recommended, as before pointed out by us, the appointment of extra examiners in those Universities in which the lecturers exclusively examined heretofore. We must again express our disapproval of a step which cannot fail to have injurious effects on teaching. As regards the complaint that examiners have been allowed to hold office for too long a period, or when too aged, much may be said in favour of prolonged tenures. The post of examiner is an influential one. The holder of it has it in his power to conciliate possible clients; and without meaning to insinuate that it would be possible for any young examiner to stoop to make use of his opportunities for conciliation, we would rather not expose his fame to unmerited suspicion. There is an art, too, in examining, and the more practical experience a man has

when he begins, and the longer he keeps at it, the more likely is he to acquire a greater perfection in what is beyond all doubt a very difficult art. Young men also would do better to devote their time to teaching and research, as fields more suited to the growing energies and the greater activity of youth. We know it has been said that old examiners do not keep up with the times. We can conceive this holding true so far as physiology and anatomy are concerned, but we do not think it could at all apply to practical subjects. Even should there be an instance of a great surgeon or a great physician not moving on sufficiently fast, we would be sorry to weigh for a moment some little backwardness in theoretic knowledge against his great experience as a practitioner and examiner. Something more is required in an examiner than to be able to ask the last newfangled theory on this and that subject, and that something is the capacity for gauging the exact value of the metal submitted to his test, and that he is likely to possess in a larger measure the older he grows and the longer he is at the business. Examiners should be paid fixed salaries. In some of the Bodies the numerical method of marking the answers of students has not as yet been introduced. We think that such a method is preferable to older fashioned ones, and we hope to see it universally adopted. As regards the method of examining, it is only of late years that the demonstrative and clinical examinations have been introduced. In many of the Bodies both those methods are capable of much development. In very few of them have we anything like practical examinations in pharmacy, materia medica, forensic medicine, practical chemistry, physiology, and botany. In some of them, as in the English College of Surgeons, most of those subjects are unexamined in, even theoretically, and this despite the interminable debates and recommendations of the Medical Council. Recently, however, efforts have been made to examine in those subjects at the English College. In many of them the clinical examinations are very superficial and imperfect. The scope of the entire examinations needs to be more defined in many of the Bodies. A greater number of written questions must be given, and more

time ought to be given for writing the answers to them. We are decidedly of opinion that an entire day would not be too much to give to the bulk of those examined. We recollect that we ourselves got some three or four hours, and found them entirely insufficient, though it happened that we knew the answers to all the questions, and consequently had the entire time at our disposal for the mere mechanical process of committing our knowledge to paper. As regards the oral portion, we would also place more time at the disposal of candidates. We do think half an hour, which is about the average time allowed, entirely insufficient. We now subjoin a synopsis of the state of the different examinations of the various Licensing Bodies.

EXAMINATIONS.

English Apothecaries' Company.—The examinations of this Body are fairly conducted. A clinical examination has been introduced. The oral and written examinations are now conducted on different days. Insufficient time is, however, allowed for the written. The answers are occasionally, as the result, superficial and imperfect.

Edinburgh Colleges.—In these Colleges recent dissections, anatomical specimens, articles of the *materia medica*, are produced. Clinical examinations are also gone through. The visitors who inspected this College in 1874 were not satisfied that it was up to the mark. Too little time was allowed for answering—too many questions were given; and enough of time also was not allowed at the clinical examination. They also reported that there were too many examiners, and questioned the adequacy of the examination of surgery and surgical anatomy.

Faculty of Glasgow.—The visitors reported that the replies were poor and bad to questions. The anatomical and physiological examinations were imperfect. There was no provision made for written answers. There was no examination on bones, and there were no dissections. The replies were not full enough. The clinical examination was imperfect. The entire examination was imperfect, especially in surgery.

University of Glasgow.—The report of this is as follows:—The examination was fair, yet susceptible of improvement. Fault was found with the examinations in dissections, practical physiology, histology, and physiological chemistry. Dissections are not provided for in the advanced examinations; and here again enough of time for writing replies was not given. Fault was found that all the examiners were composed of the University Professors. The physiology examination was not deemed severe enough. The questions were not fair tests, and the answers were estimated too highly. There were no dissections, and no tests in practical chemistry or histology.

College of Physicians, Edinburgh.—Here students are examined at the primary examination in anatomy, physiology, and chemistry, and at the pass examination in medicine, midwifery, materia medica, forensic medicine, and the writing of prescriptions. Of the examination we will but say that it is not pretentious.

Royal College of Surgeons, Edinburgh.—The examinations here are also modest. We are satisfied, from our personal experience in teaching, that a larger indulgence is extended to imported candidates over and above that shown to the native Scot.

London University.—The examinations here are very strict. Their scope and arrangement are such that we would wish to see all others modelled on them. The candidates must have a competent knowledge of—First, the Latin language, with grammar, history, and geography; second, either the Greek language, with questions in grammar, history, and geography, or the French or German language, with questions in grammar; third, the English language, English history, and modern geography; fourth, mathematics; fifth, natural philosophy; sixth, chemistry. For the preliminary scientific examination candidates are required to know mechanical and moral philosophy, inorganic chemistry, botany, and vegetable physiology, also zoology. The purely medical part of the examination is divided into two parts, and, before taking the highest degrees, candidates must pass in logic and moral philosophy. These degrees have been called

“fancy degrees.” We dissent as to the justice of the title, and hope that a day will come when every aspirant to the Profession shall have a fair knowledge of all the subjects comprised in this curriculum. It is only fair to add that sometimes those examinations are accused, and with some justice, of being so little defined as to be “wild.”

Irish College of Surgeons.—The visitors complained of the first part of this examination. The absurdity of regulation was dwelt on prohibiting examiners from being connected with any school. The number of questions was considered insufficient, as was also the time for answering. The pass examination was alleged to be too hurried, and not thorough or complete. We must ourselves say that we dissent from these views taken by the visitors.

Queen's University.—The preliminary arts examination is unequal in the different Colleges, and is particularly deficient in Galway and Cork. The anatomical part of the examination is good. The fact that there were but single examiners in each subject was complained of. The marking is too complicated.

College of Physicians, London.—The questions in materia medica and chemistry were too few. The examiners were overburdened in having charge of written and oral portions at the same time. The fault found with questions, examiners, and time have all been remedied. The clinical examination having been committed to a single examiner was imperfect, but a second has now been added. Fault has been found that the two examiners provided for each subject were not both present, one to examine, the other to listen. The College demurred to this suggestion, in which we think it was wrong. No special examination in forensic medicine is provided. The College demurs to doing so. On the whole the examination is fairly good. *Examination for Membership.*—At this examination pathological and microscopical questions are not asked in numbers sufficiently large.

English College of Surgeons.—Visitors reported that the anatomical examination was good; that the physiological one was indifferent, and that the time for oral answering was only ten minutes,

and was too short. The College conceded these two points. There is no examination in chemistry and materia medica. The College at the time objected to provide any, pending conjoint arrangements. The written questions are too few, and, in the fellowship examination, comparative anatomy is too undefined. *Pass Examination.*—This is very good. No surgical operations are performed, however. More histology is required. The examinations in practical anatomy are conducted largely by means of preserved specimens, and this threatens to substitute museum study for dissecting-room work, as similar specimens are now being put up in many of the London schools. Arrangements are now in progress for remedying the defects in the above College.

Trinity College.—The visitors reported as follows:—They complained that no provision was made for instruction in practical pharmacy. The professors refused to provide such, as suggested by visitors.

Second M.B. Examination.—The answers in medical jurisprudence for this degree were too highly marked. Those in medicine were estimated too low. The time for oral answering was too short. Second examiners were recommended. The examination in surgical pathology was defective. There were no tests in practical surgery. The midwifery examination for M.B. was defective. The Board improperly proposes the institution of a separate midwifery degree. They have since carried out all the other suggestions of the visitors. Candidates for the surgical degree of this University are thoroughly examined in ophthalmic surgery. This is a most commendable feature of the examination, and one that we should like to see others compelled to follow.

University of St. Andrew's.—The oral and written examinations for M.B. and M.Ch. are entirely below par. That for M.D. is particularly so. The Council recommended the giving away of the ten annual degrees by public competition. The University expressed itself favourably disposed if the restrictions as to number and age were removed. We disapprove of the Council's recommendations.

College of Physicians (Dublin).—The pathological part of the



examination is defective. The practical part of midwifery was equally so, but has since been improved.

Apothecaries' Hall (Ireland).—The examinations are modest. That on anatomy is too elementary. The examinations in medicine are not practical. There was no examination until lately in surgery.

Oxford University.—The first M.B. examination is good. That on practical anatomy is defective. The visitors recommended that physics, botany, and chemistry should be examined in at an earlier stage. The Oxford authorities demurred, and stated that their experience was opposed to this. The second examination for M.B. is satisfactory. It is so arranged that candidates are merely liable to perform dissections instead of being in every instance compelled to do so. The visitors recommended the latter, but to this the University objected. We deem the point a moot one.

University of Cambridge.—All examinations here are satisfactory. Increased scope has lately been given to the surgical and clinical examinations. Second examiners have been added in compliance with the Council's recommendations.

Durham University.—The examiners are too few, and entirely confined to teachers. No additional examiners have since been appointed.

University of Edinburgh.—The first, second, and third examinations for M.B. and M.Ch. were reported to have been satisfactory. A sufficient number of patients was stated not to have been provided for clinical examinations. Extern examiners have been appointed here.

University of Aberdeen.—The examinations are satisfactory. The number of extern examiners was recommended to be increased. The recommendations have now been partially carried out.

The following examinations were reported by the visitors as incomplete:—The English College of Surgeons has no examination in materia medica, chemistry, forensic medicine, and midwifery. The London Apothecaries do not examine in surgery; neither does the Irish College of Physicians. The Irish College of

Surgeons does not examine in midwifery. There are clinical examinations in surgery at every one of the Licensing Bodies, but the three Colleges of Surgeons do not examine in clinical medicine.

It will be seen from the foregoing that many imperfections have been observed. Ample promises, however, have been made for their removal. How far these promises have been carried out in reality, it is not possible to determine with exactness. There is, however, every reason, derived from inquiry and documentary evidence, for us to state that in a short time the visitors' suggestions, so far as they commend themselves to experienced minds, will be carried out by most of the Bodies in their entirety. Some of the Bodies have the knack of making things look very stern on paper, and of complying with the letter while violating the spirit of the recommendations of visitors and Council alike. It would not serve any useful purpose that we should specifically name those Boards. It is for them that fixed endowments, independent visitors, and a strong General Medical Council are all designed. No right-minded person should be found to oppose any measure of compulsion which would bring them to their senses. The majority of the Medical Council has the very strongest motives for bringing them to, and keeping them in order. Let us now come to the latest recommendations of the Medical Council on the subject of examinations.

1. That it is desirable that the different Licensing Bodies, whether singly or in combination, should frame their examinations so as to secure that the knowledge of every practitioner whose name appears on the Register shall have been tested in all the subjects of professional examinations which the Council has determined to be essential—viz.: 1. Chemistry, including a knowledge of the principles of chemistry, and of those details of the science which bear on the study of medicine and chemical physics, meaning thereby heat, light, and electricity. 2. Anatomy. 3. Physiology. 4. Materia medica and pharmacy. 5. Pathology, including morbid anatomy. 6. Medicine, including medical anatomy,

chemical medicine, and therapeutics. 7. Surgery, including surgical anatomy and clinical surgery. 8. Midwifery. 9. Forensic medicine.

2. That the professional examinations be arranged in three divisions—the first to embrace the more elementary subjects; the second division may be completed at or before the close of the second year of professional study, but the third division not till the expiration of the two years after passing the second division, nor before the completion of the fourth year of study. That the examinations and the subjects in each be such, and in such order, as may insure, so far as possible, a due continuity and sequence of study. That it is desirable that an examination in the earlier subjects of professional study should take place before the end of the first year.

3. That the professional examinations be conducted both in writing and orally, and that they be practical in all branches in which they admit of being so.

4. That not less than two examiners shall take part in every oral and chemical examination.

5. That the questions to be answered in writing should be submitted to the whole body of examiners for consideration and revision, if desirable, before being put to the candidates.

6. That the written answers should be submitted to more than one of the examiners.

7. That excellence in one or more subjects should not be allowed to compensate for failure in others.

8. That the professional examinations be held by the different Licensing Bodies, except in special cases at stated periods, to be publicly notified.

9. That the returns from the Licensing Bodies in Schedule (A) be made annually on the 1st of January, and on the subjoined form, to the General Medical Council, stating the number of the candidates who have passed their first as well as their second and third examinations, and the number of those who have been rejected at the first, second, and third examinations respectively: and that the

registrar forward a sufficient number of forms, with a notice to have them returned in due time.

10. That it is not desirable that any University of the United Kingdom should confer any degree in medicine or surgery, whether that of Bachelor, Doctor, or Master, upon candidates who have not graduated in arts, or passed all the examinations required for the bachelorship in arts, or passed, after due course of education, examinations which are *bonâ fide* academically equivalent to those which are required for degrees in arts.

11. That, in the opinion of the Council, it would be desirable, as a general rule, that none of the higher degrees or qualifications in medicine or surgery should be conferred on persons who have not shown evidence of higher professional attainments.

12. That it is desirable that in the examinations in several of the subjects of curriculum—such, for example, as chemistry, including chemical physics, physiology, and materia medica—the Licensing Bodies should limit and define by schedule the extent of examinations.

13. That it be recommended that in no case should the examination of a candidate by any of the Licensing Bodies, in any subject, be conducted wholly by the lecturer in that subject in the school in which the candidate has been educated.

14. That it is desirable that observation with the microscope should form part of the examination of candidates for licence.

15. That it be recommended that candidates for the final professional examinations be required to give evidence that they have had opportunities of practical study, with care of patients, as pupils, assistants, clinical clerk, or dresser, in an hospital, dispensary, or elsewhere.

16. That it is desirable that in examinations in anatomy, candidates should understand that they may be called upon to perform actual dissections, and that candidates at examinations in surgery should understand that they may be called upon to perform one or more operations on the dead subject.

Taking the first of the above recommendations—namely, that

regarding chemistry—we regret to see no reference made to any examination in practical chemistry. We cannot consider any examination complete which omits to test students in some of the simpler analytical processes of chemistry. Very few of the Bodies at present examine practically in this department. Every Licensing Body should be obliged to do so. 2. Anatomy.—We decidedly think that very material changes ought to be made in the method of examining in this subject. We would dispense with great part of the minuteness at present indulged in. We are quite aware that a somewhat greater stock than that required for actual consumption should be laid in by everyone, whether it be of anatomy or of more worldly goods. We do not propose, therefore, to examine a student in only the residual knowledge required, say, by a surgeon for an operation. Without going so far, we would materially cut down the limits of the present examinations. There is no reason in the world why any student should be called on to write down on paper every relation of a muscle or artery, and every branch of a nerve or vein. We would make every student dissect where supply of subjects permitted, and we would examine him thoroughly on the dead subjects, but we would ask very much less of minute anatomy than is asked at present from students at their oral and written examinations. No subject proves so great a stumblingblock to students as does relational anatomy, and the time consumed in attempts to master it is taken off from far more vital subjects. It is too often lost sight of that the human faculties are finite, and that too much time devoted to some subjects entails the certain neglect of other, and it may be more important, domains of knowledge. 3. Physiology.—We have the same strictures to make as to the way in which physiology is examined in. A little more of the practical and a little less of the minuteness and of opposing opinions would be of great advantage to the student and of no disadvantage to the science. 4. Materia medica and pharmacy.—Many of the Licensing Bodies hold no examination, or very paltry ones, in these subjects. It would be very desirable that examinations in these should be universal, and that specimens

of plants, minerals, &c., should be laid on the table, and pharmaceutical processes conducted by the student in the presence of his examiner. It was formerly suggested that therapeutics should be made a special subject of study, but, for the reasons before stated, industrious students, under the preliminary training to which we would subject them, would not need such. 5. Pathology.—This should certainly be made compulsory. 6. Medicine; 7. Surgery; 8. Midwifery; 9. Forensic medicine.—We have nothing to add to our former remarks with reference to these. 2. We are utterly opposed to this recommendation. We are satisfied that it will have the effect of still further unduly exalting the examinational process at the expense of the far more vital educational one. Students will have their minds more than ever turned towards examinations, and have them still less employed on the more important matter of acquiring a knowledge of their practical duties. In fact, the entire students' course will be more than ever given up to preparations for the examinations, and it will be only after they shall have passed that they will set themselves to learn the real business of their calling. We view, for the same reason, with disfavour the increase in the number of examinations. We know that the addition of a third examination is intended as a device to make people work during their first year, but this would be better attained by visitation of schools, tutorial instructions, compulsory lectures, and weekly class examinations. The division of the entire medical course into two parts had much to recommend it, but we totally disapprove of this last addition. 3, 4, 5, 6. These recommendations are very reasonable, and are calculated to protect students from both crotchets and bad treatment. 7. Utter failure in one subject ought to ensure rejection, but we doubt the fairness of refusing to set excellence in one subject against some deficiency in others. 8, 9. These recommendations are necessary in order to enable the Medical Council to see how matters get on with the various Examining Bodies. 10 is a most important recommendation. We need not here reiterate what we have before stated on the subject of preliminary education. It is

much to be regretted that so small a proportion of medical men are holders of medical degrees, and we would wish to see some change in this respect. The existing Universities are now bestirring themselves; but we think that, unless when situated in large cities, their functions should be confined to instructions in arts and in the theoretical parts of medicine. Were our examinations in arts equal to those required for arts degrees, the vast majority of the Profession would find no difficulty in possessing themselves of degrees in medicine. We have to express our satisfaction that it opens up the way to action which will prevent Universities continuing to give their degrees to non-graduates in arts. 11. We shall deal with this in a special chapter. 12 and 13. We have already dealt with these. 14. This recommends a material advance on former lines of examination. 15 and 16 have also been dealt with.

CHAPTER XVII.

The Higher Examinations.

IN addition to the ordinary diplomas given by the various Surgical Bodies, there is a higher class called the Fellowship. Among the Scotch Bodies these fellowships are bestowed by election, and not by examination. They are, therefore, more of an evidence of the consideration in which the individual is held, than of his possession of extra surgical attainments. In England and Ireland it is, however, different. In these countries the fellows are almost all admitted by examination. The great object of the institution of the fellowship was to induce men to cultivate surgery on a more thorough and extended scale than that which could be looked for for the membership from candidates. Another design sought to be accomplished was the creation of a constituency out of which the Council would be elected. The first object has been attained, but on a scale numerically more limited than is reasonable or just to the mass of the Profession. The second object has been realised in, of course, a correspondingly limited degree. In 1874 a proposal was made by Professor Humphrey to alter the regulations with a view to admit an increased number of fellows. Professor Humphrey declared that neither the study nor the practice of surgery was much promoted, while the constituency gave promise of dwindling away altogether. He stated that he objected to the extra requirement of an examination in Greek and in French or German. He considered also that the other requirements of the fellowship, which we shall briefly enumerate, defeated their own purpose by being of such a nature that only a small minority could comply with them. These regulations are:—1. An additional year's dissection; 2. The obligation to spend two years in the acquisition of professional

knowledge in some recognised school and hospital; 3. Attendance on a course of lectures on comparative anatomy; 4. Performance of a course of operations on the dead body under a recognised teacher.

He goes on to say, "It is quite obvious that except in very rare instances it is impossible for members of the College to comply with the regulations." He then asks, "Is it right that such excluding regulations should be maintained, and that the great mass of the profession should be debarred from that inducement to higher education and higher status which the fellowship of the College was intended to offer?" Dr. Humphrey then discussed the effect of the clause enabling any member of the College to present himself for the fellowship after the expiration of eight years from obtaining his diploma of member. He declares such regulation is a mockery, as few, after so many years, would be justified in presenting themselves for such an examination. He then proposed to alter this clause to two, instead of eight, years. He declared that this would bring the fellowship within the reach of every person who would be at the pain so to prolong and extend his reading for two years after his diploma as would render him equal to pass the examination for the fellowship. He went on to say that this would be quite practicable during the first two years of professional life to numbers, to whom after the lapse of eight years it would be out of the question. *The Lancet* forthwith assailed this proposal in the interest of metropolitan aspirants. It recommended that the examination for members of eight years' standing would be so modified as to demand from them a knowledge of surgical anatomy and practical surgery only, instead of those anatomical and physiological minutiae at present required from them. The College appointed a Committee, on the motion of Mr. Simon, to whom the whole question was referred. This Committee, after two years' delay, sent in a report favourable to Mr. Humphrey's views. Great objections were taken to their proposals, and the Council so far yielded to these clamours as to refer the whole affair back again to the Committee for reconsideration. After some time

the Committee agreed on an amended scheme, and this was subsequently approved of by the Council. Let us now see what that scheme was. First—That, subject to certain regulations, any member of the College was to be admitted to the fellowship. Second—That a member of less than ten years' standing be admissible to the first professional examination in human and comparative anatomy and physiology at any time after receiving the diploma of member, and to the second examination in surgery, including surgical anatomy and pathology, at any time after passing the first examination, on producing satisfactory evidence of having reached the age of 25 years, and of having been engaged not less than six years in the study, or study and practice, of his profession. Third—That a member of not less than ten years' standing be examined in surgical and regional anatomy at the first, and in surgery, chiefly practical surgery, at the second examination, to which he shall be admissible at any time after passing the first. It follows that the preliminary examination will no longer be compulsory, although it has been determined that those who do pass it will be allowed the privilege of presenting themselves for the first professional examination at the end of their third winter session, other candidates not being admissible until after they have gained the membership; that six years sojourn at a recognised hospital and medical school will no longer be indispensable. A further concession was made on behalf of members of the College in Her Majesty's service, who will be admissible, on a special vote of the Council, to the second part of their examination at any time after passing the first part when they shall have completed six years' study, or study and practice, of their profession; but in compliance with the conditions of the charter, the diploma of fellow will not in such cases be conferred unless the candidate have attained the age of 25 years.

These new regulations seemed calculated to induce a greater number of persons to seek the fellowship; but, said the advocates of metropolitan interests, it is not so obvious that they will tend to increase the status, intellectual and professional, of the fellows. The old regulations pressed, it is true, somewhat heavily on many

highly-esteemed and valued surgeons, both in the metropolis and in the provinces, but the amended regulations are open to the serious objection that they will allow of the creation of three distinct classes of fellows, none of which may be called upon to offer the same credentials of general culture and of technical knowledge that have hitherto been insisted upon. There will in the first place be those who, having passed the preliminary examination for the fellowship, will present themselves for examination in anatomy and physiology at the end of their third winter session, and then obtain the diploma of fellow after six years' study at a medical school; secondly, those who will obtain the fellowship within ten years after receiving the diploma of member; and, thirdly, those who will not obtain the fellowship until they have been members for ten or more years. A wide difference between the antecedent conditions of the three sets of candidates will almost imperatively demand a lowering of the examinational standard, and will certainly lead to a deterioration of professional training and education. It was further alleged that to expect from those who have only passed through the ordinary curriculum for the membership that they would show the same acquaintance and familiarity with anatomical and physiological facts as those who would have devoted three years to the study of these subjects, would be unreasonable and likely to be attended by one of the worst evils of the examinational system. The application of the most judicious system of examinational test cannot replace the advantages, moral as well as educational, of a six years' curriculum. The extensive and prolonged course hitherto required for the fellowship has, it was stated, done more than examinations to give character and prestige to the fellows of the College; and not the least of the evils to be apprehended from the operation of the amended regulations will be that the mode in which the candidate acquits himself at an examinational test will become the only criterion of fitness for holding the highest surgical qualifications in the country.

All this is but the old, old story of the ins against the outs. A metropolitan clique desired to monopolise the bulk of the honours

of the Profession. A great agitation was set on foot. A memorial signed by a large number of the fellows was presented to the Council. This produced the withdrawal of all the concessions to members of ten years' standing. This did not satisfy the objectors. They clamoured for distinctions between the terms of admission for members and non-members. It was pretended that unless some such distinction were made few students would undertake what was alleged to be the enormous outlay of labour, time, and money involved in spending the extra two years at a recognised school or hospital. It was further alleged that if this were not undertaken there would be a falling off in the character of the candidates. The Council appeared disinclined to make further concessions; but the law officers of the Crown picked a legal flaw in the most material point which still remained. The result was complete victory for the obstructionists. The Council thereupon resolved to avail themselves of their privilege of admitting two fellows annually by election, and here the matter rests. We cannot but regard the outcome of Professor Humphrey's attempt as eminently unsatisfactory. While admitting that a mere examination test is but a sorry substitute for sound training, we entirely dissent from the statement that such sound training is only to be had at a recognised school or hospital. No doubt an additional year's dissections cannot be had every place; but we are satisfied that the class of students who would propose to take advantage of Professor Humphrey's new regulations could and would learn as much anatomy in two years as would be necessary, and a great deal more—we would venture to add than nine-tenths of the hangers-on for fellowships under the present system. Furthermore, if any few of such aspirants did really need a burnishing up in anatomy, there is nothing to warrant anyone in stating that they would be less eager to work in the dissecting-room than might be requisite. An examination in anatomy, conducted as it now is, offers a test so complete that no person not thoroughly up in the business can possibly pass through. No mere book-knowledge, no cramming, no desultory reading or scamping over the business, can

by any possibility take the place of the practical knowledge which can alone be acquired in the dissecting-room. Why, then, should the man who may have spent but two years be placed at such a terrible disadvantage? We know something of the manner in which this extra time debited to the fellowship is spent in nine cases out of ten in the London schools, and we will answer for it that the hard-working, talented student who, under Dr. Humphrey's regulations, would shape his studies in order to go up for the fellowship soon after his membership examination, would imbibe very much more anatomy in the two years than the majority do in three. It is a fact that the great majority who go in for extra anatomical work do so to qualify themselves for teaching purposes. These gentlemen go in for the fellowship because they have learned anatomy. They do not learn anatomy because they desire the fellowship. We altogether dissent from the doctrine that profound anatomical and physiological knowledge should be the great qualification for this fellowship. Have not some of the greatest lights of London surgery forgotten so much of their anatomical and physiological knowledge as to make it indispensable that they should cease to examine in both those subjects? Was not their palpable unfitness to do so the plain and imperative reason which led to the appointment of separate examiners in these a few years since? Now, if the foremost men in London, who, we suppose, will be admitted to be fit to possess the fellowship, are so shaky in these theoretical subjects, why should a knowledge of them continue to be thought necessary for numbers of others who are certainly not their superiors? Is not the entire thing, in fact, a contrivance to create a monopoly for the surgeons of a few favoured districts? That such is the result there is no gainsaying. Such is not, however, the only result, for the existing regulations lower—not elevate—the fellowship, and degrade, not promote, the practice of surgery. Were this fellowship examination really arranged on a different basis, surgery would be more advanced than it is, and the mass of surgeons more cultivated than they now are. What is wanted in a surgeon is not that he would be up in

all the various and contradictory views on physiology, or in useless anatomical details, but that he will apply himself heartily and thoroughly to the cultivation of both the science and art of surgery. This cultivation of his art, with all its attendant advantage to himself, his patients, and to science, would be nowise promoted by having to jump an anatomical hurdle at the end of a certain number of years, or by being kept at a permanently lower level than, it may be, his own inferiors, because he omitted to comply with certain rules in his earlier years. The London demonstrator should not be allowed to make anatomical puzzles the test for the fellowship merely that his own capabilities may be attested, and others kept out. He has in the dissecting-room an all-sufficient field for the publication of his attainments. The other junior members of school staffs have other and no less favourable opportunities for proving themselves. It is eminently unjust that the mass of the Profession should be deprived of the stimulus which reasonable facilities for acquiring the fellowship would supply them with, merely that it may be made a test for excellence in a somewhat alien field. We said that the fellowship is lowered instead of being exalted by the present arrangements. It is lowered because the paper standard is not constantly adhered to. At one time everybody, or nearly everybody, passes; at another time a fit of remorse seizes the examiners, and everybody is plucked. A feeling of uncertainty is created, and men do not know what subjects to prepare. Loud-sounding questions are set in anatomy and physiology, but the common sense or the good nature, or both, of the examiner does not allow him to look for answers to them. He is satisfied if the examined have got the faintest idea of the answers. The worst of all is that the practical part of the subject is on occasion lightly, though it may be not so lightly treated now. How different all this would be if surgeons of a certain standing were admitted to this honour on a twofold principle of a thoroughly practical examination only, and, secondly, of the work done by them as surgeons up to the date of the examination, such as the cases published by them, the papers written, &c. We would have

such candidates put well through their facings in every department of theoretic and practical surgery, and of surgical anatomy. We would also allow young aspirants to work at other than recognised schools and hospitals, and we would have no fear but that they would work to better advantage than the present loungers about dissecting-rooms. We would require every surgeon to present a report of a certain number of cases which had passed the ordeal of having been read before one of the Medical Societies. We would require him, if an hospital surgeon, to have successfully performed a minimum number of the capital operations, and we would further demand proof of his having aided, to the best of his opportunities, in collecting surgical statistics, and giving such helps to science as the nature of his circumstances permitted. We would have one examination for those of more than eight years' standing—we would arrange that on the twofold principle we have named; we would have another for those under eight years; and we would ask from those submitting themselves to the latter a good, but not a demonstrator's, knowledge of anatomy and physiology, as well as of surgery. There is one thing we would not do—we would not lower the preliminary examination. We would level up the membership preliminary examination, and make both equal. This is the only point in which we differ from Mr. Humphrey. Were the surgeon's work made an important part of admission to the fellowship, we would have every surgeon working who possessed the ability and ambition to aspire to that honour. Were practical surgery, and not the mazes of physiology, the subject of the final examination, he would from the start take care to keep himself posted in all the advances in the former subject. Such an arrangement would produce very different results indeed from the present. The fellowship of the Irish College holds as significant a place in Ireland as the analogous honour of the sister College does in England. Six years' study at a recognised school or hospital are required from those of less than ten years' standing, together with a higher preliminary examination, while those of longer standing are merely required to produce a certificate of character. The subjects of examination are

pretty much the same as in England. We have the same objections to the theoretical part of the examination for licentiates of more than ten years' standing that we had to the same examinations in England, and our remedy would be the same. We would ask for proof of work done, and we would exact a thoroughly practical examination. Licentiates of less than five years' standing we would subject to a sound theoretical one also. While here, as in England, we would level up, not pull down, the preliminary examination. We have reason to know that grievous injustice is every other day inflicted on members of the Profession by the unequal nature of the fellowship examinations. Men have been plucked in a fit of rigour on the part of examiners, the superiors of men who had passed with honours at a previous examination. Men, on the other hand, have passed who did not, and could not, know anatomy and physiology as required for the fellowship as it appears on paper. It has happened that men who could not tell the relations of the femoral artery have been allowed to pass, while others guilty of blunders not less gross on the dead subject have had equal luck. Men who passed the greater part of their students' course retailing drugs instead of dissecting subjects, have found no difficulty in passing with *eclat*. This is very unjust to their own superiors, who have not thought it worth while to offer themselves at all.

CHAPTER XVIII.

ADDENDA.

DURING the last week of March, 1879, while this manuscript was in the hands of the scrivener, Mr. Macnamara carried in the Medical Council a resolution, which seems to have been deemed at a previous meeting unnecessary, in favour of entire uniformity in the matter of examinations, fees for admission to them, and curriculum. Dr. Haughton was defeated in a motion to clearly define and limit the authority of the Medical Council to delegate its powers with respect to the framing of examination rules to Bodies, and even to persons. A motion was carried recommending that the scheme for the examination of midwives should be drawn up, in the first instance, by the Council itself, and not by the various local authorities, as proposed by the Government Bill. On this point we should observe that during the week it has been very confidently stated in one of the medical journals that Government would withdraw the midwife clauses of their Bill altogether, and introduce a separate measure. They seem to have been led to this course by a deputation from the London Obstetrical Society, which asked that the midwife clauses should be made compulsory on the Council. A motion was carried throwing the onus of prosecution of unregistered persons on the local authorities. A resolution of Mr. Simon, giving the Council discretion to refuse registration to persons of bad character, was carried. Dr. Wood was defeated in an attempt to refer the entire medical question to a Parliamentary Committee. A large majority of the Council voted against all reform of its own constitution, whether direct or indirect. Dr. Wood moved that the Crown should appoint four additional nominees, but, as far as we can gather from the papers, this seems to have been given the

go-by. To cap the climax, a motion declaring that the Council, as constituted, fairly represented the Profession, found only *one* supporter. The Council drew up a new scheme, and a respectable one, for the education and examination of dentists.

A few other items, also in connexion with the Profession generally, cropped up during the same period. A Coroner's Bill has been introduced for England, which will give fixed salaries, and confine the office to lawyers and medical men. Dr. Cameron has given notice of a new Health Bill for Scotland, and Mr. Bruen of another to build dispensary residences in Ireland. A new medical school has been opened in Glasgow, and the Irish Union Amalgamation Commissioners have issued their Report, recommending that Irish Lunatic Asylums should be placed under the Irish Local Government Board, and existing spare Poor Law buildings utilised to take the pressure off the asylums.

CONCLUSION.

We have now brought this Essay to a close. We have commented fully and candidly on the state of the Profession in its different departments of physic, surgery, and pharmacy in these countries at the time of writing. We have also freely criticised the state of the hospitals and schools of medicine, surgery, and pharmacy. We have likewise passed in review the state and mode of examination, or of testing the qualification of candidates of the different Licensing Bodies or Corporations in medicine, surgery, and pharmacy. We have offered such suggestions as seemed to us calculated to make the Profession more respectable and useful than at present. We have further discussed the preliminary and moral education of students, as well as the best mode of conducting their professional studies.

Lastly, we have entered into the most practical modes of making the examinations in the various branches of medical science as demonstrative as possible.

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